

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # **A00000000468**



FILED
03 MAY -6 PM 7:21
SECRETARY OF STATE
TALLAHASSEE FLORIDA

RJH

1. Entity Name
DY LAND ASSOCIATES, LTD.

Principal Place of Business
**3200 TAMiami TRAIL N.
SUITE 200
NAPLES FL 34103**

Mailing Address
**3200 TAMiami TRAIL N.
SUITE 200
NAPLES FL 34103**



2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

DUE BY MAY 1, 2003

City & State

4. FEI Number **59-3684898**
Applied For
Not Applicable

Zip Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WOODWARD, MARK J
3200 TAMiami TRAIL N.
SUITE 200
NAPLES FL 34103**

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. **\$16,546,278.00**

10. Amount of Capital Contributions in FLORIDA to date. **16,536,278.00**

11. **MAKE CHECK PAYABLE TO FL. DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION**

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT # **M00000000676**
NAME **DY ASSOCIATES, LLC**
STREET ADDRESS **3470 CLUB CENTER BLVD.**
CITY-ST-ZIP **NAPLES FL 34114-0816**

STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: *Anthony J. Ferraro* **ANTHONY J. FERRARO** 4/28/03 (239) 732-9400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #
Anthony J. Ferraro, as President and Not Individually

STAPLE CHECK HERE

CR2E003 (10/02)