

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0004776 AV

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**DUE BY MAY 1, 2003**

City & State

City & State

4. FEI Number **59-3684898**

Applied For  
Not Applicable

Zip

Country

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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STREET ADDRESS  
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STREET ADDRESS

CITY-ST-ZIP

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STREET ADDRESS

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

CR2E003 (10/02)

STAPLE CHECK HERE