

FILED
Apr 09, 2004 08:00 AM
Secretary of State

DOCUMENT # A18026 1. Entity Name DAYLAND ASSOCIATES, LTD.		 Secretary of State	
Principal Place of Business 129 WISTERIA DRIVE LONGWOOD, FL 32779		Mailing Address 129 WISTERIA DRIVE LONGWOOD, FL 32779	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State Zip Country		City & State Zip Country	
4. FEI Number 59-2447472		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LAPP, PETE 1215 DRUID ROAD MAITLAND, FL 32751		7. Name and Address of New Registered Agent 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 _____ <small>Signature, typed or printed name of registered agent and date if applicable</small>			
9. Capital Contributions as Shown on record. \$95,000.00		10. Amount of Capital Contributions in FLORIDA to date.	
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 #	M02000000437	STREET ADDRESS	
NAME	DAY LAND HOLDINGS, LLC	CITY - ST - ZIP	
STREET ADDRESS	200 COURT STREET		
CITY - ST - ZIP	MIDDLETOWN, CT 06457		
DOCUMENT #		STREET ADDRESS	
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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)(f), 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: Pete Lapp <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>		Date: 4/6/04 Daytime Phone #: 407-786-8413	