2007 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2007

DO NOT WRITE IN THIS SPACE

FILED Apr 25, 2007 08:00 AM Secretary of State

DOC	i ikai	=NT	# A	1	ጸሰ	126

1. Entity Name DAYLAND ASSOCIATES, LTD.



Principal Place of Business

129 WISTERIA DRIVE LONGWOOD, FL 32779 Mailing Address

129 WISTERIA DRIVE LONGWOOD, FL 32779



04122007 No Chg-LP

CR2E003 (12/06)

4. FEI Number 59-2447472

Applied For Not Applicable

5. Certificate of Status Desired.

\$8.75 Additional

6. Name and Address of Current Registered Agent

LAPP, PETE 1215 DRUID ROAD MAITLAND, FL 32751

DO NOT WRITE IN THIS SPACE

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	d accept
	the obligations of registered agent.		•

SIGNATURE

FILE NOW!!! FEE IS \$500.00 After May 1, 2007, Fee will be \$900.00

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.

		NOTE: Collete Factors MAT NOT be changed of the					
i	12. GENERAL PARTNER INFORMATION						
	DOCUMENT #	M02000000437					
	NAME	DAY LAND HOLDINGS, LLC					
	STREET ADDRESS	82 WILD DUCK ROAD					
	CITY-ST-ZIP	STAMFORD, CT 06903					
	DOCUMENT #						
	NAME						
	STREET ADDRESS						
_	CITY-ST-ZIP						
	DOCUMENT #						
	NAME						
	STREET ADDRESS						
	CITY+ST-ZIP						
	DOCUMENT #						
1	NAME						
ا.	STREET ADDRESS	,					

000000730844 05/08/07-80096-003 500.qo

DO NOT WRITE IN THIS SPACE

14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

CITY-ST-ZIP DOCUMENT # STREET ADDRESS CITY-ST-ZIP DOCUMENT # STREET ADDRESS CITY-ST-ZIP