2005 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2005

DOCUMENT # A9800000842 1. Entity Name Y ASSOCIATES, LTD.					May 11, 2005 08:00 A Secretary of State		
Principal Place of C/O DAVID S. B. 240 S. PINEAPI SARASOTA, FL	AND PLE AVENUE, 10TH FLOOR	Mailing Address C/O DAVID S. BAND P.O. BOX 49948 SARASOTA, FL 342				Anili kumi unil numi	ı vallı vallı attırk imili sirin ilkiyel sı kuss
2. Principal Place of Business		3. Mailing Address					
Suite, Apt, #, etc.		Suite, Apt #. etc.			02232005	Chg-LP	CR2E003 (10/03)
City & State	-	City & State			4. FEI Number 65-082628	:n	Applied For Not Applicable
Zip	. Country Zip		Count	ry	5. Certificate of Status Desired S8.75 Additional Fee Required		
	6. Name and Address of Curre	nt Registered Agent		7. Name and Address of New Registered Agent Namo			
Y DEVELOPMENT INC C/O DAVID S, BAND 240 S. PINEAPPLE AVENUE, 10TH FLOOR SARASOTA, FL 34236			 	Street Address (P.O. Box Number is Not Acceptable)			
SARASOTA,	FL 34236			City			Zip Code
	med entity submits this statemen s of registered agent	t for the purpose of changing	g its registere	d office or register	red agent, or both, in	the State of Flo	rida. I am familiar with, and accept
SIGNATURE	nature, typod or printed name of registered ag	not and the Tate (Cabia	- ţ		· ·		DATE
9. Capital Contri as Shown on	butions con on	10. Amount of Ca		utions			V116
	A GENERAL PARTNER NOTE: General Partners	THAT IS A BUSINESS					
12.		NER INFORMATION	13.			ADDRESS CHA	INGES ONLY
NAME Y	P98000030516 Y DEVELOPEMNT INC 240 S PINEAPPLE AVENUE, 10TH FLOOR			I ADORESS			
CITY-ST-ZIP S	ARASOTA, FL 34236		City-:	SI-202			
DOCUMENT # NAME			STALE	J ADDRESS			
STRLET ADDRESS - CITY-ST-ZIP			CITY-:	ST-ZIP		Linanan	365615
DUCUMENT # NAME			STREC	r address	0	5/11/05-	80008-021 526.25
STREET ADDRESS CHY-ST-ZIP			CHIYAS	S1-7/P			
DOCUMENT # NAME			STALL	I AODRESS		· · · · · · · · · · · · · · · · · · ·	
SIRLET ADDRESS GITY-ST-ZIP			CHYA	51-ZIP			
CITY-ST-ZIP DOCUMENT # NAME STREET ADDRESS			STREE	Y ADDRESS			
			CHTY-5	ST-ZIP			
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP			STAFF.	1 ADURESS			
14. Uhemby cen	ity that the information supplied vithis report is true and accurate a or trustee empowered to execute	nd that my signature shall he this report as required by C	ave the same hapter 620, Fl	nption stated in Se legal effect as if m orida Statutes Director	nade under oath, tha	orida Statutes 1 11 am a General	further certify that the information Partner of the limited partnership or
SIGNATU	REV. March		pment,	Inc., Ger		3/11/0	5 941-366-6660