2006 LIMITED PARTNERSHIP ANNUAL REPORT

STAPLE CHECK

SIGNATURE:

FILED Apr 24, 2006 08:00 AN Secretary of State Due By May 1, 2006 DOCUMENT # A98000000842 Y ASSOCIATES, LTD. Principal Place of Business Mailing Address C/O DAVID S. BAND C/O DAVID S. BAND 240 S. PINEAPPLE AVENUE, 10TH FLOOR P.O. BOX 49948 SARASOTA, FL 34236 SARASOTA, FL 34230-6948 2. Principal Place of Business 3. Mailing Address Suite, Apt #, etc Suite, Apt #, etc 02282006 CR2E003 (11/05) City & State City & State 4. FEI Number Applied For 65-0826259 Not Applicable Zip Country Country Zio \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Y DEVELOPMENT INC Street Address (P.O. Box Number is Not Acceptable) C/O DAVID S. BAND 240 S. PINEAPPLE AVENUE, 10TH FLOOR SARASOTA, FL 34236 City Zip Code FL 5. 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, typed or printed name of registered agent and title if applicable. DATE FILE NOW!!! FEE IS \$500.00 After May 1, 2006, 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. 12. GENERAL PARTNER INFORMATION ADDRESS CHANGES ONLY DOCUMENT # P98000030516 STREET ADDRESS NAME Y DEVELOPEMNT INC STREET ADORESS 240 S PINEAPPLE AVENUE, 10TH FLOOR CITY-ST-ZIP CITY-ST-ZiP SARASOTA, FL 34236 000000531681 05/06/06-80053-018 <u>500,00</u> DOCUMENT # STREET ADDRESS MAME STREET ADDRESS CITY-SI-ZIP CHY-ST-ZP JOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CHY-ST-7P DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CHY-ST-719 City-St-ZiP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-782 CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-2IP CITY-ST-ZIP 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 receive this report as required by Chapter 620, Florida Statutes

David S. Band, Director

Daytime Phone #

DAVIC S. BAI