

2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

FILED

07 FEB 23 AM 10:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A98000000842

1. Entity Name
Y ASSOCIATES, LTD.



Principal Place of Business
C/O DAVID S. BAND
240 S. PINEAPPLE AVENUE, 10TH FLOOR
SARASOTA, FL 34236

Mailing Address
C/O DAVID S. BAND
P.O. BOX 49948
SARASOTA, FL 34230-6948



02012007 No Chg-LP

CR2E003 (12/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0826259

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

Y DEVELOPMENT INC
C/O DAVID S. BAND
240 S. PINEAPPLE AVENUE, 10TH FLOOR
SARASOTA, FL 34236

**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 accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable.

DATE _____

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.

12. GENERAL PARTNER INFORMATION

DOCUMENT # P98000030516
NAME Y DEVELOPEMNT INC
STREET ADDRESS 240 S PINEAPPLE AVENUE, 10TH FLOOR
CITY-ST-ZIP SARASOTA, FL 34236

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

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02/27/07--01057--027 **500.00

**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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #