## **2008 LIMITED PARTNERSHIP ANNUAL REPORT**

## FILED Feb 18, 2008 08:00 AN Secretary of State **Due By May 1, 2008 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 34230-6948 SARASOTA, FL 34236 01212008 No Chg-LP CR2E003 (12/06) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-0826259 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE Y DEVELOPMENT INC C/O DAVID S. BAND 240 S. PINEAPPLE AVENUE, 10TH FLOOR IN THIS SPACE SARASOTA, FL 34236 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 nature, typed or printed name of registered agent and bile if applicable FILE NOWIII FEE IS \$500.00 After May 1, 2008, Fee will be \$900.00 U000000831269 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. GENERAL PARTNER INFORMATION 12. P98000030516 DOCUMENT # NAME Y DEVELOPMENT INC 240 S PINEAPPLE AVENUE, 10TH FLOOR STREET ADDRESS CITY-ST-ZIP SARASOTA, FL 34236 DOCUMENT # STREET ADDRESS CITY-ST-ZIP DOCUMENT # DO NOT WRITE STREET ADDRESS CITY-ST-ZIP IN THIS SPACE DOCUMENT # STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME

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:

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

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING GENERAL PARTNER