2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

DOCUMENT # A9800002175 1. Entity Name					FILED
Y & Y DEVELOPERS, LTD.				FILED SECRETARY OF STATE DIVISION OF CORPORATIONS	
Principal Place of Business Mailing Address					OO MAY -3 PM 1:33
5812 BRADEN RIVER ROAD BRADENTON FL 34203 5812 BRADEN RIVER ROAD BRADENTON FL 34203-8842					
2. Principal Place of Business		3. Mailing Address			T TO DIAST LANG SOLDS INSIL BONI DOUT BONI BONI BONI BONI BONI HOUR HOUR HOUR SOUND
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE
City & State		City & State			4. FEI Number 65-0879985 Applied For Not Applicable
Zip	Country	Zìp	Count	try	5. Certificate of Status Desired See Required Fee Required
	6. Name and Address of Current	Registered Agent	.l		7. Name and Address of New Registered Agent
				Name	
YODER, MARK				Street Addres	SS (P.O. Box Number is Not Acceptable)
5812 BRADEN RIVER ROAD BRADENTON FL 34203				. <u> </u>	
BINDLINGIN E S1250				City FL Zip Code	
0 The share		s the purpose of changing i	ite registers	ad office or regis	stered agent, or both, in the State of Florida.
8. The above	named entity submits this statement to	The purpose of changing in	is registere	su onice of regio	, sector again, or popp, in the state of monda.
SIGNATURE .	Signature, typed or printed name of registered agent a	and title if applicable. (NC	OTE: Registerer	d Agent signature requ	uired when reinstating) DATE
9. Capital Contributions \$718.00 10. Amount of Capital Con				outions	11. MAKE CHECK PAYABLE TO DEPT. OF STATE
as Shown o	A GENERAL PARTNER T	in FLORIDA to	NTITY M	UST BE REGI	SEE REVERSE SIDE FOR FEE INFORMATION ISTERED AND ACTIVE WITH THIS OFFICE. ent must be filed to change a general partner.
12.	GENERAL PARTNER		13.	, an amenum	ADDRESS CHANGES ONLY
DOCUMENT# NAME	MARCO BRADENTON, INC.		STRE	ET ADDRESS	
STREET ADDRESS CITY+ST+ZIP			слу-	-ST-ZIP	
DOCUMENT# NAME	·		STRE	ET ADDRESS	4000032933448 -06/16/0001010019 ****141.25 ****141.25
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DOCUMENT# NAME			STRE	EET ADORESS	
STREET ADORESS CITY ST - ZIP				-ST-ZIP	
indireted	certify that the information supplied with I on this report is true and accurate and ever or trustee empowered to execute thi	I that my signature shall hav	ve the same	e legal effect as	n Section 119.07(3)(i), Florida Statutes. I further certify that the information if made under oath; that I am a General Partner of the limited partnership or

Daytime Phone #