2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005

## FILED May 06, 2005 08:00 AM Secretary of State

DOCUMENT # A98000002175  1. Entity Name Y & Y DEVELOPERS, LTD.  Principal Place of Business – Mailing Address					Secretary of State		
5132 MELDON CIRCLE 5132 MELDON CIRCLE SARASOTA, FL 34232 SARASOTA, FL 34232					 	KAN CERN BUKK BERN BUK	(1 20)   20)   1    1    1    1    1    1    1
2. Principal Place of Business		3. Mailing Address					
Suite, Apt		Suite, Apt. #, etc.			04212005	Chg-LP	CR2E003 (10/03)
City & State		City & State			4. FEI Number 65-08799	985	Applied For   Not Applicable
Zip			Coun	try	5. Certificate of Status Desired   \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent Name			
YODER, MARK 5132 MELDON CIRCLE SARASOTA, FL 34232		<u>.</u>	Street Address		P.O. Box Number is Not Acceptable)		
OARAGOTA, FE 34232			City				Zip Code
The above named entity submits this statement for the purpose of changing its registered office or the obligations of registered agent.					ed agent, or both,	in the State of Fig	
SIGNATURE Signature, typed or printed name of registered agent and title of applicable.  DATE							
9. Capital Contributions as Shown on record. \$718.00 as Shown on record. \$718.00 as Shown on record.							
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.							
DOCUMENT /	GENERAL PARTNER P98000068379	INFORMATION	13.			ADDRESS CHA	INGES ONLY
NAME	MARCO BRADENTON, INC.		STRE	ET ADDRESS			
STREET ADDRESS CITY-ST-ZIP	5132 MELDON CIRCLE SARASOTA, FL 34232		CITY-	-ST-ZIP			
DOCUMENT # NAME			STRF	ET ADDRESS			
STREET ADDRESS CITY-ST-ZIP		· · · · · · · · · · · · · · · · · · ·	CITY-	-ST-ZIP			100263994
DOCUMENT # NAME			STRE	ET ADDRESS		05,/0670	)\$-80022-021 141.25
STREET ADDRESS CITY-ST-ZIP			CITY-	-ST-2IP			
DOCUMENT # NAME			STREI	ET ADDRESS			
STREET ADDRESS CITY-ST-ZIP			CITY-	ST-ZIP		<u></u>	
DOCUMENT # NAME			STREE	ET ADDRESS			
STREET ADDRESS CITY-ST-ZIP		<u> </u>	CITY-	SI-ZIP			
DOCUMENT # NAME			STREE	T ADDRESS			
STREET ADDRESS	,	<u> </u>		ST-ZIP			
14. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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							