FILE ON OR BEFORE APRIL 9, 1997 TO AVOID REVOCATION AND $500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT

1997

FLORIDA DEPARTMENT OF STATE
Sandra Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

97 MAY -8 AM 10:55

1. Name of Limited Partnership

1a. DOCUMENT # **A96000002105**

MERCHANT'S PLAZA AT PONTE VEDRA, LTD.

Mailing Address	Principal Office Address
601 RIVERSIDE DRIVE. BLDG. 2. STE. 650 JACKSONVILLE FL 32204	601 RIVERSIDE DRIVE. BLDG. 2 STE. 650 JACKSONVILLE FL 32204

3. Date Formed or Registered: 11/18/1996

3a. Date of Last Report:

4. State or Country of Formation: FL

5a. Capital Contributions as Shown on record.: $411,100.00

5b. Amount of Capital Contributions in FLORIDA to date:

2. Mailing Address	**2a.** Principal Office Address
6001 Riverside Avenue	6001 Riverside Avenue
Suite, Apt. #, etc.: Bldg II, Suite 650	Suite, Apt. #, etc.: Bldg. II, Suite 650
City & State: Jacksonville, FL	City & State: Jacksonville, FL
Zip: 32204 Country: U.S.	Zip: 32204 Country: U.S.

6. FEI Number: 59-3420522 ☐ Applied For ☐ Not Applicable

7. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

8. Make check payable to: Dept. of State (See reverse side for fee information)

9. Name and Address of Current Registered Agent	**10.** If changed, new Registered Agent/Office
SHAW, R. LAMAR JR. 601 RIVERSIDE DRIVE, BLDG. 2, STE. 650 JACKSONVILLE FL 32204	Name: R. Lamar Shaw, Jr Street Address (P.O. Box Number is Not Acceptable): 6001 Riverside Avenue Suite, Apt. #, etc.: Bldg II, Suite 650 City: Jacksonville FL Zip Code: 32204

10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment) _____ DATE _____

A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.

11. Name(s) of General Partner(s)	**11a.** Address of Each General Partner (Do NOT Use Post Office Box Numbers)	**11b.** City, State & Zip Code	**11c.** Registration/ Document Number
SKYLINE REALTY SERVICES, INC	601 RIVERSIDE ~~DRIVE,~~ Avenue Bldg II, Suite 650	JACKSONVILLE FL 32204	P94000076798 800002172858--1 -05/09/97--01070--002 ****541.25 ****541.25 5-8

CR2E003 (11/96)

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath; I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes.

SIGNATURE _____ DATE 4/9/97

Typed or Printed Name of General Partner Signing Form: Ralph Lamar Shaw, Jr. Daytime Telephone Number: (904)358-0900

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