

**FILE ON OR BEFORE APRIL 8, 1998 TO AVOID
REVOCATION AND \$500 PENALTY FEE**

**LIMITED PARTNERSHIP
ANNUAL REPORT
1998**



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

98 MAR 20 AM 10:55

1. Name of Limited Partnership

1a. DOCUMENT #
A96000002105

MERCHANT'S PLAZA AT PONTE VEDRA, LTD.



Mailing Address

601 RIVERSIDE AVENUE, BLDG. II, SUITE 650
JACKSONVILLE FL 32204

Principal Office Address

601 RIVERSIDE AVENUE, BLDG. II, SUITE 650
JACKSONVILLE FL 32204

3. Date Formed or Registered

11/18/1996

5a. Capital Contributions as
shown on record 3-20-98

3a. Date of Last Report

05/08/1997

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

572,000

4. State or Country of Formation

FL

572,000

2. Mailing Address

2a. Principal Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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

SHAW, R. LAMAR JR.
601 RIVERSIDE AVENUE, BLDG. II, SUITE 650
JACKSONVILLE FL 32204

10. If changed, new Registered Agent/Office

Name

FF \$526.75

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, etc.

City

FL

Zip Code

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)

SKYLINE REALTY SERVICES, INC

11a. Address of Each General Partner
(Do NOT Use Post Office Box Numbers)

601 RIVERSIDE AVENUE,

11b. City, State & Zip Code

JACKSONVILLE FL 32204

11c. Registration/
Document Number

P94000076798

8000002466088--0
-03/24/98--01034--002
****526.25 ****526.25

OK 3-25

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

R. Lamar Shaw, Jr.

DATE 03/19/98

R. LAMAR SHAW, JR., PRES.

904-358-0900

CR2E003 (12/97)