2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A96000002105

1. Entity Name

MERCHANT'S PLAZA AT PONTE VEDRA, LTD.

FILED
01 MAY -4 PM 12:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
~~601 RIVERSIDE AVENUE, BLDG. II, SUITE 650~~ JACKSONVILLE FL 32204	~~601 RIVERSIDE AVENUE, BLDG. II, SUITE 650~~ JACKSONVILLE FL 32204

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
729 POST STREET Suite, Apt. #, etc.	729 POST STREET Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-3420522 ☐ Applied For ☐ Not Applicable

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
SHAW, R. LAMAR JR. ~~601 RIVERSIDE AVENUE, BLDG. II, SUITE 650~~ JACKSONVILLE FL 32204	Name Street Address (P.O. Box Number is Not Acceptable) 729 POST STREET City **FL** Zip Code

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.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. Capital Contributions as Shown on record.	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
$572,000.00	$572,000.00	

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.

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	P94000076798	STREET ADDRESS	729 POST STREET
NAME	SKYLINE REALTY SERVICES, INC.	CITY-ST-ZIP	
STREET ADDRESS	~~601 RIVERSIDE AVENUE, BLDG. II, SUITE 650~~		
CITY-ST-ZIP	JACKSONVILLE FL 32204		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	000004338418 6
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NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

14. I hereby 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 o the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: SIGNATURE REQUIRED 04-30-01 904-358-0900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #

R. LAMAR SHAW, JR., PRESIDENT OF GENERAL PARTNER