

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
Mar 10, 2004 08:00 AM
Secretary of State

DOCUMENT # A96000002105					
1. Entity Name MERCHANT'S PLAZA AT PONTE VEDRA, LTD.					
Principal Place of Business 751 OAK STREET, SUITE 600 JACKSONVILLE, FL 32204			Mailing Address 751 OAK STREET, SUITE 600 JACKSONVILLE, FL 32204		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			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 SHAW, R. LAMAR JR. 751 OAK STREET, SUITE 600 JACKSONVILLE, FL 32204			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ DATE _____ Signature typed or printed name of each registered agent and title, if applicable.					
9. Capital Contributions as Shown on record \$572,000.00			10. Amount of Capital Contributions in FLORIDA to date.		
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		
NAME	SKYLINE REALTY SERVICES, INC. ✓		CITY, ST, ZIP		
STREET ADDRESS	751 OAK STREET, SUITE 600				
CITY, ST, ZIP	JACKSONVILLE, FL 32204				
DOCUMENT #			STREET ADDRESS	U000000082771	
NAME			CITY, ST, ZIP	03/19/04-80010-015 526.25	
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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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.					
SIGNATURE: R. L. Y.			Date: 06/4/04 904-358-0900		
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING GENERAL PARTNER			Date		

STAPLE CHECK HERE