

FILE ON OR BEFORE DECEMBER 31, 1997 OR PARTNERSHIP WILL BE SUBJECT TO 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

97 NOV 10 PM 3:31



1. Name of Limited Partnership
1a. DOCUMENT #
A95000000836

PONTE VEDRA LAKES LIMITED PARTNERSHIP

Mailing Address
~~P.O. BOX 530587~~
~~JACKSONVILLE FL 32255~~

Principal Office Address
~~10161 OBERWOOD PARK BLVD.~~
~~BUILDING 100, SUITE 200~~
~~JACKSONVILLE FL 32256~~

3. Date Formed or Registered
06/01/1995

5a. Capital Contributions as Shown on record.
\$250,000.00

3a. Date of Last Report
12/11/1996

4. State or Country of Formation
FL

5b. Amount of Capital Contributions in FLORIDA to date.
\$250,000.00

2. Mailing Address
Post Office Box 676

2a. Principal Office Address
217 Ponte Vedra Park Drive

Suite, Apt. #, etc.

City & State
Ponte Vedra Beach, FL

Zip Country
32004

6. FEI Number
59-3321639

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
KEGGLER, STEVEN G
10161 OBERWOOD PARK BLVD.
BUILDING 100, SUITE 200
JACKSONVILLE FL 32256

10. If changed, new Registered Agent/Office

Name
Dr. Marvin Goldberg

Street Address (P.O. Box Number is Not Acceptable)
107 PLANTERS ROW WEST

Suite, Apt. #, etc.
PO

City
PONTE VEDRA BEACH FL Zip Code
32082

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) *Marvin Goldberg* 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
MARSGOLD, INC.	107 PLANTERS ROW	PONTE VEDRA BEACH FL	P94000069439
			700002346927--6 -11/13/97--01095--002 ****541.25 ****541.25

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 *Marsgold Inc by Marvin Goldberg Pres* DATE **30 Oct 1997**
By: **Dr. Marvin Goldberg, Pres.**
Typed or Printed Name of General Partner Signing Form _____ Daytime Telephone Number _____

CR2E003 (6/97)