

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0006216

DOCUMENT # A01000000108

1. Entity Name
PONTE VEDRA AMSOUTH BUILDING, LTD.



FILED
Apr 23, 2003 8:00 A.M.
Secretary of State

Principal Place of Business
729 POST STREET
JACKSONVILLE FL 32204

Mailing Address
729 POST STREET
JACKSONVILLE FL 32204

2. Principal Place of Business
751 Cook Street
Suite, Apt. #, etc.
Suite 600
City & State
Jacksonville, FL
Zip
32204

3. Mailing Address
751 Cook Street
Suite, Apt. #, etc.
Suite 600
City & State
Jacksonville, FL
Zip
32204

DUE BY MAY 1, 2003

4. FEI Number 59-3695064

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.
729 POST STREET
JACKSONVILLE FL 32204

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Applicable)
751 Cook Street
Suite 600
City Jacksonville FL Zip 32204

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 _____
Signature, typed or printed name of registered agent and title if applicable.

DATE _____

9. Capital Contributions
as Shown on record. \$925,100.00

10. Amount of Capital Contributions
in FLORIDA to date.

11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

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

DOCUMENT # P94000076798
NAME SKYLINE REALTY SERVICES, INC.
STREET ADDRESS 729 POST STREET
CITY-ST-ZIP JACKSONVILLE FL 32204

13. ADDRESS CHANGES ONLY

STREET ADDRESS 751 Cook Street, Suite 600
CITY-ST-ZIP Jacksonville, FL 32204

DOCUMENT #
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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 or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes.

SIGNATURE: _____

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/17/03 904-358-0900
Date Daytime Phone #

CR2E003 (10/02)