

**LIMITED PARTNERSHIP
UNIFORM BUSINESS REPORT (UBR)**

APPROVE
AND
FILED

04 MAY -6 PM 5:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A26821

1. Entity Name

The Lodge at Ponte Vedra Beach, LTD.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

9540 San Jose Blvd

3. Mailing Address

9540 San Jose Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

DUE BY MAY 1

City & State

JACKSONVILLE FL

City & State

JACKSONVILLE FL

4. FEI Number

59-2926074

Applied For

Not Applicable

Zip

32257

Country

USA

Zip

32257

Country

USA

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

Smith, P. Jeremy JR

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

9540 San Jose Blvd

City JACKSONVILLE

FL

Zip Code

32257

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

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

DATE

9. Capital Contributions as Shown on record. \$ 3,786,000.00

10. Amount of Capital Contributions in FLORIDA to date.

11. MAKE CHECK PAYABLE TO 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 #

P93000071317

NAME

Ponte Vedra Lodge, Inc

STREET ADDRESS

9540 San Jose Blvd.

CITY-ST-ZIP

JACKSONVILLE, FL 32257

STREET ADDRESS

400036546274

CITY-ST-ZIP

05/18/04--01035--016 **526.25

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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Christian N. Peterson

4/30/04

Date

904 273 7746

Daytime Phone #

STAPLE CHECK HERE

CR2E003B (12/01)