


**2004 LIMITED PARTNERSHIP ANNUAL REPORT (AR)**  
**DUE BY MAY 1, 2004**

**FILED**  
**Apr 14, 2004 08:00 AM**  
**Secretary of State**

|  |   |
|--|---|
| <b>DOCUMENT # A30388</b><br>1. Entity Name<br><b>THE ARBOR CLUB PARTNERS, LTD.</b> |  |
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|  |  |
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| Principal Place of Business<br><b>3020 HARTLEY ROAD, SUITE 300<br/>JACKSONVILLE FL 32257</b> | Mailing Address<br><b>3020 HARTLEY ROAD, SUITE 300<br/>JACKSONVILLE FL 32257</b> |
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|                                |                    |
|--------------------------------|--------------------|
| 2. Principal Place of Business | 3. Mailing Address |
|--------------------------------|--------------------|

|                     |                     |
|---------------------|---------------------|
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
|---------------------|---------------------|

|              |              |
|--------------|--------------|
| City & State | City & State |
|--------------|--------------|

|     |         |     |         |
|-----|---------|-----|---------|
| Zip | Country | Zip | Country |
|-----|---------|-----|---------|



MOORE CR2E003 (11/03)

|                                    |  |
|------------------------------------|--|
| 4. FEI Number<br><b>59-3019192</b> | Applied For<br><input type="checkbox"/> Not Applicable |
|------------------------------------|--|

|   |                                       |
|---|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75 Additional Fee Required</b> |
|---|---------------------------------------|

|  |
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| 6. Name and Address of Current Registered Agent<br><b>FARRELL, MARK T<br/>3020 HARTLEY ROAD, SUITE 300<br/>JACKSONVILLE FL 32257</b> |
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|---|
| 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><b>FL</b> 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<br>Signature, typed or printed name of registered agent and title if applicable | DATE |
|---|------|

|   |  |  |
|---|--|--|
| 9. Capital Contributions<br>as Shown on record. <b>\$7,500.00</b> | 10. Amount of Capital Contributions<br>in FLORIDA to date. | 11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE<br>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 | 13. ADDRESS CHANGES ONLY |
|---------------------------------|--------------------------|

|   |   |                                   |
|---|---|-----------------------------------|
| DOCUMENT #<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | L12521<br>VESTCOR-PONTE VEDRA, INC<br>3020 HARTLEY ROAD, SUITE 300<br>JACKSONVILLE FL 32257 | STREET ADDRESS<br>CITY - ST - ZIP |
|---|---|-----------------------------------|

|   |  |                                   |
|---|--|-----------------------------------|
| DOCUMENT #<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |  | STREET ADDRESS<br>CITY - ST - ZIP |
|---|--|-----------------------------------|

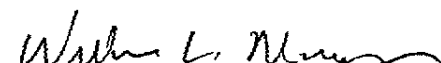
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| DOCUMENT #<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |  | STREET ADDRESS<br>CITY - ST - ZIP |
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| DOCUMENT #<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |  | STREET ADDRESS<br>CITY - ST - ZIP |
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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)(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: <br>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER | William L. Morgan | March 17, 2004 (904) 260-3030 |
|--|-------------------|-------------------------------|

STAPLE CHECK HERE