

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 21 PM 2: 12

1. Name of Limited Partnership

1a. DOCUMENT #
A33537

THE CORNER AT PONTE VEDRA, LTD.



Mailing Address 1600 INDEPENDENT SQ JACKSONVILLE FL 32202		Principal Office Address 1600 INDEPENDENT SQ JACKSONVILLE FL 32202		3. Date Formed or Registered 10/13/1992	5a. Capital Contributions as Shown on record \$1,000,000.00
2. Mailing Address		2a. Principal Office Address		3a. Date of Last Report 11/07/1996	5b. Amount of Capital Contributions in FL ORIDA to date:
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. State or Country of Formation FL	
City & State		City & State		6. FEI Number 59-3149164 <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable	
Zip Country		Zip Country		7. Certificate of Status Desired <input type="checkbox"/> \$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 KREIS, ROBERT R. 1600 INDEPENDENT SQ JACKSONVILLE FL 32202		10. If changed, new Registered Agent/Office	
		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		Suite, Apt. #, etc.	
		City	Zip Code
		FL	

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)

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) LDP, INC.	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 1600 INDEPENDENT SQ	11b. City, State & Zip Code JACKSONVILLE FL 32202	11c. Registration/ Document Number J92529
900002358279--5 -11/26/97--01093--024 ***541.25 ***541.25 dec			

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 *Sandra Williams, Vice President*
Typed or Printed Name of General Partner Signing Form **L. D. Williams, Vice Pres**

DATE **Oct 27, 1997**
Daytime Telephone Number **(904) 641-7690**

CR2E003 (6/97)