

**FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE**

LIMITED PARTNERSHIP ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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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 1 Independent Drive Suite 1600 Jacksonville, FL 32202-5009 USA	2a. Principal Office Address 1 Independent Drive Suite 1600 Jacksonville, FL 32202-5009 USA	3a. Date of Last Report 11/21/1997	5b. Amount of Capital Contributions in FLORIDA to date:
		4. State or Country of Formation FL	6. FEI Number 59-3149164 <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
		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) 1 Independent Drive Suite, Apt. #, etc. Suite 1600 City Jacksonville FL Zip Code 32202-5009
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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)	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registration/ Document Number
LDP, INC.	1600 INDEPENDENT SQ 1 Independent Drive Suite 1600	JACKSONVILLE FL 32202	J92529 400002703714--8 -12/04/98--01102--025 ****526.25 ****526.25

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 *L. D. Williams* Vice President DATE November 24, 1998
 Typed or Printed Name of General Partner Signing Form L. D. Williams Daytime Telephone Number 904/634-8808

CR2E003 (8/98)