

2001 UNIFORM BUSINESS REPORT (UBR)

0000418 AF

DOCUMENT # A33537	
1. Entity Name THE CORNER AT PONTE VEDRA, LTD.	
Principal Place of Business 1 INDEPENDENT DRIVE SUITE 1600 JACKSONVILLE FL 32202-5009	Mailing Address 1 INDEPENDENT DRIVE SUITE 1600 JACKSONVILLE FL 32202-5009
2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

FILED
May 18, 2001 8:00
Secretary of State



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3149164		Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent SHIELDS, DAVID R 1 INDEPENDENT DRIVE SUITE 1600 JACKSONVILLE FL 32202		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. \$1,000,000.00	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		13. ADDRESS CHANGES ONLY	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	J92529 LDP, INC. 1 INDEPENDENT DRIVE STE 1600 JACKSONVILLE FL 32202	STREET ADDRESS	
DOCUMENT #		CITY - ST - ZIP	
DOCUMENT #		STREET ADDRESS	
DOCUMENT #		CITY - ST - ZIP	
DOCUMENT #		STREET ADDRESS	
DOCUMENT #		CITY - ST - ZIP	
DOCUMENT #		STREET ADDRESS	
DOCUMENT #		CITY - ST - ZIP	
DOCUMENT #		STREET ADDRESS	
DOCUMENT #		CITY - ST - ZIP	

800004418748--4
-06/14/01--01004--013
******526.25 ****526.25**

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: *David R Shields* DATE: _____ DAYTIME PHONE #: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

CR2E003 (11/00)