2006 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2006

DO NOT WRITE IN THIS SPACE

DOCUMENT # A33537

THE CORNER AT PONTE VEDRA, LTD.



Principal Place of Business

1 INDEPENDENT DRIVE

SUITE 1600

JACKSONVILLE, FL 32202-5009

Malling Address

1 INDEPENDENT DRIVE

SUITE 1600

JACKSONVILLE, FL 32202-5009

FILED Apr 10, 2006 08:00 AM Secretary of State



03312006 No Chg-LP

CR2E003 (11/05)

4. FEI Number 59-3149164

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

5. Name and Address of Current Registered Agent

SHIELDS, DAVID R 1 INDEPENDENT DRIVE SUITE 1600 JACKSONVILLE, FL 32202		DO NOT WRITE IN THIS SPACE
	enamed entity submits this statement for the purpose of changing its re clons of registered agent.	igistered office or registered agent, or both, in the State of Florida. I am familiar with, and accept
SIGNATURE Signature, typed or printed name of registered agent and title if applicable.		DATE
FILE NOW!!! FEE IS \$500.00 After May 1, 2006, Fee will be \$900.00		
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 #	J92529	
NAME	LDP, ING.	
STREET ADDRESS	1 INDEPENDENT DRIVE STE 1600	U00000500792 04/25/06-80034-021 500.00
CITY-ST-ZIP	JACKSONVILLE, FL 32202	04/25/06-80034-021 500.00
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14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 eath, 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:

STAPLE CHECK HERE

SIGNATURE AND TYPED OR PRINTED HAME OF STORING GENERAL PARTHER

404-634-8<u>808</u>