

# 2009 LIMITED PARTNERSHIP ANNUAL REPORT

DOCUMENT# A33537

**FILED**  
**Apr 07, 2009**  
**Secretary of State**

**Entity Name:** THE CORNER AT PONTE VEDRA, LTD.

**Current Principal Place of Business:**

1 INDEPENDENT DRIVE  
SUITE 1600  
JACKSONVILLE, FL 322025009

**New Principal Place of Business:**

**Current Mailing Address:**

1 INDEPENDENT DRIVE  
SUITE 1600  
JACKSONVILLE, FL 322025009

**New Mailing Address:**

FEI Number: 59-3149164

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SHIELDS, DAVID R  
1 INDEPENDENT DRIVE  
SUITE 1600  
JACKSONVILLE, FL 32202 US

**Name and Address of New Registered Agent:**

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**GENERAL PARTNER INFORMATION:**

Document #: J92529  
Name: LDP, INC.  
Address: 1 INDEPENDENT DRIVE STE 1600  
City-St-Zip: JACKSONVILLE, FL 32202

**ADDRESS CHANGES ONLY:**

Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: JEANNINE MELLO

S

04/07/2009

\_\_\_\_\_  
Electronic Signature of Signing General Partner

\_\_\_\_\_  
Date