

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0008175 AT

DOCUMENT # **A33537**



1. Entity Name
THE CORNER AT PONTE VEDRA, LTD.

FILED
03 APR -8 AM 7:12
SECRETARY OF STATE
TALLAHASSEE FLORIDA

MJH

Principal Place of Business 1 INDEPENDENT DRIVE SUITE 1600 JACKSONVILLE FL 32202-5009	Mailing Address 1 INDEPENDENT DRIVE SUITE 1600 JACKSONVILLE FL 32202-5009
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2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4/8

DUE BY MAY 1, 2003

4. FEI Number **59-3149164** Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name
Street Address (P.O. Box Number is Not Acceptable)
700015475647
04/08/03--01070--010 **526.25
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ 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 FL. 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

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: *[Signature]* **SIGNATURE REQUIRED** *Deanne Miller* **1-6-03** **904-634-8808**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (10/02)