

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
Mar 19, 2004 08:00 AM
Secretary of State

DOCUMENT # A94000000037					
1. Entity Name PONTE VEDRA PARTNERS, LTD.					
Principal Place of Business 1548 THE GREENS WAY, SUITE 6 JACKSONVILLE BEACH, FL 32250			Mailing Address 1548 THE GREENS WAY, SUITE 6 JACKSONVILLE BEACH, FL 32250		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		01182004 Chg-LP CR2E003 (10/03)	
4. FEI Number 59-3214357				<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
MASSANISO, PETER A 1548 THE GREENS WAY, SUITE 6 JACKSONVILLE BEACH, FL 32250			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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>					
9. Capital Contributions as Shown on record. \$25,000,000.00			10. Amount of Capital Contributions in FLORIDA to date.		
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 #	P93000088190		STREET ADDRESS		
NAME	PINNACLE ASSET MANAGEMENT, INC.		CITY-ST-ZIP		
STREET ADDRESS	1548 THE GREENS WAY, SUITE 6				
CITY-ST-ZIP	JACKSONVILLE BEACH, FL 32250				
DOCUMENT #			STREET ADDRESS	U00000097394	
NAME			CITY-ST-ZIP	03/26/04-80037-018 526.25	
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CITY-ST-ZIP					
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: <i>[Signature]</i>			3/09/04 904-273-8001		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>			<small>Date Daytime Phone #</small>		

STAPLE CHECK HERE