


2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005

DOCUMENT # A94000000037		
1. Entity Name PONTE VEDRA PARTNERS, LTD.		

FILED

2005 MAR -7 P 1:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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
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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

02032005 Chg-LP CR2E003 (10/03)

4. FEI Number 59-3214357	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent MASSANISO, PETER A 1548 THE GREENS WAY, SUITE 6 JACKSONVILLE BEACH, FL 32250	
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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. 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. \$25,000,000.00	10. Amount of Capital Contributions in FLORIDA to date. 25,000,000.00
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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	P93000088190 PINNACLE ASSET MANAGEMENT, INC. 1548 THE GREENS WAY, SUITE 6 JACKSONVILLE BEACH, FL 32250	STREET ADDRESS	
		CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS	800048121888
		CITY-ST-ZIP	03/10/05--01007--021 **526.25
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS	
		CITY-ST-ZIP	
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		CITY-ST-ZIP	
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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: 	3/6/05	404 273 8001
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>		

STAPLE CHECK HERE