

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 06 APR -7 AM 10:15

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
 146 Harbormaster Ct.
 Suite, Apt. #, etc.

3. Mailing Address
 P.O. Box 50006
 Suite, Apt. #, etc.



03252006 Chg-LP CR2E003 (11/05)

City & State
 Ponte Vedra Beach, FL
 Zip 32082 Country USA

City & State
 Jacksonville Beach, FL
 Zip 32240 Country USA

4. FEI Number 59-3214357 Applied For Not Applicable

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

6. Name and Address of Current Registered Agent

MASSANISO, PETER A
~~1548 THE GREENS WAY, SUITE 6~~
~~JACKSONVILLE BEACH, FL 32250~~

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 146 Harbormaster Court
 City Ponte Vedra Beach FL Zip Code 32082

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 *Peter A. Massaniso*
 Signature, typed or printed name of registered agent and title if applicable

DATE *3/30/06*

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 # P93000088190
 NAME PINNACLE ASSET MANAGEMENT, INC.
 STREET ADDRESS ~~1548 THE GREENS WAY, SUITE 6~~
 CITY-ST-ZIP ~~JACKSONVILLE BEACH, FL 32250~~

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13. ADDRESS CHANGES ONLY

STREET ADDRESS 146 Harbormaster Court
 CITY-ST-ZIP Ponte Vedra Beach, FL 32082

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300071641603
 04/24/06-01064-005 **500.00

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 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

Pinnacle Asset Management, Inc.
 SIGNATURE: BY: *Peter A. Massaniso* *3/30/06* (904) 273-8001
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

Peter A. Massaniso, General Partner

STAPLE CHECK HERE