

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

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

FILED  
03 FEB 11 AM 10:13

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DUE BY MAY 1, 2003

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)

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

Signature, typed or printed name of registered agent and title if applicable.

DATE

9. Capital Contributions as Shown on record. **\$25,000,000.00** 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

P93000088190  
PINNACLE ASSET MANAGEMENT, INC.  
1548 THE GREENS WAY, SUITE 6  
JACKSONVILLE BEACH FL 32250

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #  
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STREET ADDRESS

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

CR2E003 (10/02)

SIGNATURE:

Peter A. Massaniso

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

1/22/03

(904) 243 8001

Date

Daytime Phone