A95000001151

TODD A. STERZOY
Holland and Knight

(Requestor's Name)
315 South Calhoun Street Suite 600
(Address)
Tallahassee, Florida 32302
(City, State, Zip) (Phone #)

OFFICE USE ONLY

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUL 31 AM 10:56

500001549645
-07/31/95--01006--012
****925.50 ****925.50

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. Old Ponte Vedra Marshside, Ltd
(Corporation Name) (Document #)
2. (Corporation Name) (Document #)
3. (Corporation Name) (Document #)
4. (Corporation Name) (Document #)

XX Walk in XX Pick up time 1:00 Certified Copy 500001549645
-07/31/95--01006--013
******2.00 ******2.00

Mail out Will wait Photocopy Certificate of Status

NEW FILINGS	
	Profit
	NonProfit
	Limited Liability
	Domestication
	Other

AMENDMENTS	
	Amendment
	Resignation of R.A., Officer/Director
	Change of Registered Agent
	Dissolution/Withdrawal
	Merger

C. TAX
FILING 1840.00
R. AGENT FEE 35.00
S. COPY 50.00
TOTAL 925.50
A. BANK
BALANCE DUE
REFUND

OTHER FILINGS	
	Annual Report
	Fictitious Name
	Name Reservation

REGISTRATION/ QUALIFICATION	
	Foreign
X	Limited Partnership
	Reinstatement
	Trademark
	Other

7/31/95

Examiner's Initials DJT

CR2E031(10/92)

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CERTIFICATE OF LIMITED PARTNERSHIP

OF

OLD PONTE VEDRA MARSHSIDE, LTD.

a Florida limited partnership

The undersigned, desiring to form a limited partnership pursuant to the Florida Revised Limited Partnership Act (1986), Part I, Chapter 620, Florida Statutes (the "Act"), have entered into an Agreement of Limited Partnership and hereby certify as follows:

1. Name. The name of the limited partnership is as follows:

Old Ponte Vedra Marshside, Ltd.

2. Address. The street address of the principal place of business and the mailing address for the limited partnership is as follows:

7865 Southside Boulevard
Jacksonville, Florida 32256

3. Registered Agent. The name and address of (i) the agent for service of process, required to be maintained by Section 620.105 of the Act, and (ii) the registered agent and registered office, required to be maintained by Section 620.192 of the Act, for the limited partnership are as follows:

Gary D. Silverfield
7865 Southside Boulevard
Jacksonville, Florida 32256

4. General Partner. The name and address of the general partners of the limited partnership are as follows:

H 97238

C. Atkerson, Inc.
9471 Baymeadows Road
Suite 403
Jacksonville, FL 32256

SC4135

Silverfield Development Company
7865 Southside Boulevard
Jacksonville, FL 32256

5. Termination. The latest date upon which the limited partnership is to dissolve is December 31, 2008.

WHEREFORE, this certificate has been executed by the general partners of the limited partnership in accordance with Section 620.114 of the Act on this 27th day of July, 1995.

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GENERAL PARTNERS:

C. ATKERSON, INC.

By: _____
Charles F. Atkerson, Jr., President

SILVERFIELD DEVELOPMENT COMPANY

By: _____
Gary D. Silverfield, President

JAX-166157

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DIVISION OF CORPORATIONS
95 JUL 31 AM 10: 56

ACCEPTANCE OF DESIGNATION AS REGISTERED AGENT AND AGENT FOR SERVICE OF PROCESS

The undersigned, having been designated the Agent for Service of Process, pursuant to Section 620.105, Florida Statutes, and Registered Agent, pursuant to Section 620.192, Florida Statutes, of OLD PONTE VEDRA MARSHSIDE, LTD., a limited partnership to be formed concurrently herewith under the Florida Revised Uniform Limited Partnership Act (1986), does hereby accept such designation and the obligations provided for in Section 620.105 and 620.192, Florida Statutes.

Gary D. Silverfield
Registered Agent

Dated: July 27, 1995

JAX-156142

AFFIDAVIT OF CAPITAL CONTRIBUTIONS

The undersigned, Charles F. Atkerson, Jr., President of C. ATKERSON, INC. and Gary D. Silverfield, President of SILVERFIELD DEVELOPMENT, INC., who are the general partners of OLD PONTE VEDRA MARSHSIDE, LTD., a Florida limited partnership (the "Partnership"), certify as follows:

1. The amount of the initial capital contribution of the limited partners of the Partnership is $120,000.00.

2. The total amount of capital anticipated to be contributed by the limited partners of the Partnership is $0.

This 27th day of July, 1995.

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95 JUL 31 AM 10: 56

Under penalty of perjury, I declare that I have read the foregoing and the facts alleged are true to the best of my knowledge and belief.

C. ATKERSON, INC.

By: _____
Charles F. Atkerson, Jr., President

SILVERFIELD DEVELOPMENT COMPANY

By: _____
Gary D. Silverfield, President

FILE ON OR BEFORE DECEMBER 31, 1995 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND $500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra Mortham
Secretary of State
DIVISION OF CORPORATIONS

1. Name of Limited Partnership

OLD PONTE VEDRA MARSHSIDE, LTD.

1a. DOCUMENT # **A95000001151**

FILED
96 JAN 12 PM 2:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE.

Mailing Address	Principal Office Address
7985 SOUTHSIDE BLVD.	7985 SOUTHSIDE BLVD.
JACKSONVILLE FL 32256	JACKSONVILLE FL 32256

If above addresses are incorrect in any way, line through the incorrect information and enter correct address in Block 2 and/or 2a

2. New Mailing Address, If Applicable
Suite, Apt. #, etc.
City, State & Zip
2a. New Principal Office Address, If Applicable
Suite, Apt. #, etc.
City, State & Zip

3. Date Formed or Registered to Do Business in FLORIDA	3a. Date of Last Report	4. State or Country of Formation
07/31/1985		FL

5a. Capital Contributions as Shown on Record	5b. Amount of Capital Contributions in FLORIDA to date.	6. FEI Number	Applied For / Not Applicable	7. CERTIFICATE OF STATUS REQUIRED
$120,000.00		59-3329342		[redacted]

8. **FEES:** 1.) Filing Fee: Computed at a rate of $7 per $1,000 on amount entered in 5b or 5a if 5b blank, with a minimum filing fee of $52.50 and a maximum of $437.50
2.) Supplemental Fee: $138.75 (pursuant to section 607.193, F.S.)
THE AMOUNT DUE SHALL BE NO LESS THAN $191.25 ($52.50 + $138.75) AND NO MORE THAN $576.25 ($437.50 + $138.75)
Note: If the amount entered in 5b is greater than amount entered in 5a, a supplemental affidavit must be submitted along with a separate and appropriate filing fee.
MAKE CHECK PAYABLE TO FLORIDA DEPT OF STATE

9. Name and Address of Current Registered Agent	10. If changed, new Registered Agent/Office
SILVERFIELD, GARY D 7985 SOUTHSIDE BLVD. JACKSONVILLE FL 32256	Name Street Address (P.O. Box Number Is Not Acceptable) Suite, Apt. #, etc. City / Zip Code: FL

100001685206
-01/10/96--01127--021
****576.25 ****576.25

10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment) _____ DATE _____

A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY

11. Name(s) of General Partner(s)	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registration/ Document Number
C. ATKERSON, INC.	9471 BAYMEADOWS ROAD,	JACKSONVILLE FL 32256	H07230
SILVERFIELD DEVELOPMENT CORP	7985 SOUTHSIDE BLVD.	JACKSONVILLE FL 32256	994135

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE _____ DATE 12/20/95

Typed or Printed Name of General Partner Signing Form: Gary D. Silverfield, Pres. Silverfield Development Co. 9046421720
Gen. Ptner.

CR2E003 (6/95)