
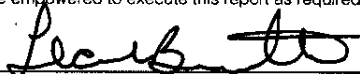


2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A95000001168 1. Entity Name MYERS INVESTMENTS OF PONTE VEDRA, LIMITED					
Principal Place of Business 1845 TOWN CENTER BLVD., SUITE 105 ORANGE PARK, FL 32003				Mailing Address 1845 TOWN CENTER BLVD., SUITE 105 ORANGE PARK, FL 32003	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-3331380	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
BURNETTE, LEAH B 1845 TOWN CENTER BLVD., SUITE 105 ORANGE PARK, FL 32003				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;">FL Zip Code</div>	
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. \$2,180,000.00			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 #	P01000014789		STREET ADDRESS		
NAME	MYERS INVESTMENTS OF AMERICA, INC.		CITY-ST-ZIP		
STREET ADDRESS	1845 TOWN CENTER BLVD., SUITE 105		CITY-ST-ZIP		
CITY-ST-ZIP	ORANGE PARK, FL 32003		STREET ADDRESS		
DOCUMENT #			CITY-ST-ZIP		
NAME			STREET ADDRESS		
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NAME			STREET ADDRESS		
STREET ADDRESS			CITY-ST-ZIP		
CITY-ST-ZIP			STREET ADDRESS		
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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>			Date: 1/16/04 Daytime Phone #: 904 249 5857		

STAPLE CHECK HERE

