2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

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1. Entity Name

MYÉRS INVESTMENTS OF PONTE VEDRA, LIMITED



FILED

03 JAN 15 PH 3: 43

SECRETARY OF STATE
TALLAHASSEE FLORIDA

Principal Place of Business 320 CORPORATE WAY. STE. 200
ORANGE PARK FL 32073

Mailing Address 320 CORPORATE WAY. STE. 200
ORANGE PARK FL 32073

ORANGE PARK FL 32073

2 Principal B	lace of Business	3. Mailing Address		- ,					
	Town Contr Blud	1845 Tu un	Conte B	المرا	115				
Suite, Apt.		Suite, Apt. #, etc.	Suite, Apt. #, etc.			DUE BY MAY 1, 2003			
City & State	e 0 ; =	City & State Drange Par			4. FEI Number	59-3331380		Applied For Not Applica	
Zip J	Country	32003	Country LLS A		5. Certificate o	f Status Desired		8.75 Additional se Required	
<u> </u>	6. Name and Address of Current I		1 9011		7. Name and A	Address of New R	egistered Ag	ent	
-			_ Name_				. <u> </u>		
BURNETTE, LEAH B				Street Address (P.O. Box Number is Not Acceptable)					
320 CORPORATE WAY, STE. 200				Address (F	O. Box Number	is Not Acceptable	Blod		-
ORANGE I	PARK FL 32073		-		<u>, , , , , , , , , , , , , , , , , , , </u>	CONTR			
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		•	City () rang	e Park		FL	Zin Code 32003	
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 obligat	ions of registered agent.								
SIGNATURE -								<u> </u>	\
	Signature, typed or printed name of registered agent a					T	DATE		
Capital Co as Shown	on record.	10. Amount of Cap in FLORIDA to	date.			SEE REVERS	E SIDE FOR	O FL. DEPT. OF STAT FEE INFORMATION	FE
	A GENERAL PARTNER T NOTE: General Partners MA	HAT IS A BUSINESS E Y NOT be changed on	NTITY MUST BE the form; an am	REGIST endment	ERED AND AO must be filed	CTIVE WITH THI to change a ge	S OFFICE. eneral partr	ier.	
12.	GENERAL PARTNER	INFORMATION	13.			ADDRESS CHA	ANGES ONLY		
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NAME	MYERS INVESTMENTS OF AMERICA, INC. ss 320 CORPORATE WAY, STE. 200			1 9.4	J IWA	Contre	UIC	4 Julius	<u> </u>
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14. I hereby o	certify that the information supplied with	this filing does not qualify for	or the exemption sta	ated in Sec	วนอก 119.07(3)(i)	, Fiorida Statutes. I	i jurtner certif	y inat the information	n . {

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER