

**2004 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2004**

**FILED**  
**May 04, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # A96000002202**

1. Entity Name

**THE PONCE FAMILY LIMITED PARTNERSHIP**



Principal Place of Business

**57 COMARES AVENUE  
 ST. AUGUSTINE, FL 32084**

Mailing Address

**57 COMARES AVENUE  
 ST. AUGUSTINE, FL 32084**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04232004

Chg-LP

CR2E003 (10/03)

4. FEI Number

**59-3416647**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

**PONCE, DAVID M  
 57 COMARES AVENUE  
 ST. AUGUSTINE, FL 32084**

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.

**\$5,000,000.00**

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

DOCUMENT #  
 NAME **PONCE, JAMES A., SR., TRUSTEE**  
 STREET ADDRESS **57 COMARES AVENUE**  
 CITY - ST - ZIP **ST. AUGUSTINE, FL 32084**

DOCUMENT #  
 NAME **PONCE, JACQUELINE TRUSTEE**  
 STREET ADDRESS **57 COMARES AVENUE**  
 CITY - ST - ZIP **ST. AUGUSTINE, FL 32084**

DOCUMENT #  
 NAME **PONCE, JAMES A., SR., TRUSTEE**  
 STREET ADDRESS **57 COMARES AVENUE**  
 CITY - ST - ZIP **ST. AUGUSTINE, FL 32084**

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 NAME **PONCE, JACQUELINE TRUSTEE**  
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13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

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

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE

**04-30-04 904/829-8646**