FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1. Name of Limited Partnership

DOCUMENT #

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

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| | A9700000 | A97000001012 | | | жу- | |
|---|--|---|---|---|---|--|
| G&G PONTE VEDRA, LTD. | | | | | | |
| Mailing Address | Principal Office Address | Principal Office Address | | 3. Date Formed or Registered | 5a. Capital Contributions as Shown on record. | |
| ATTN: CHRIS HACK 131 FALLS STUREET, SUITE 100 GREENVILLE SC 29601 | 200 Laura Street Jacksonville FL 32202 | | | 05/07/1997 3a. Date of Last Report 04/23/1998 | \$100.00 5b. Amount of Capital Contributions in FLORIDA | |
| 2. Mailing Address | 2a. Principal Office Address | 2a. Principal Office Address | | | to date: | |
| Suite, Apt. #, etc. | Suita Ant # ata | Suite, Apt. #, etc. | | | | |
| | | , | | 6. FEI Number 58-2304499 | Applied For Not Applicable | |
| City & State | City & State | City & State | | 7. Certificate of Status Desired | \$8.75 Additional | |
| Zip Country | Zip | Zip Country | | 8 Make check payable to: Dept of S | Fee Required state (See reverse side for fee information) | |
| | | | | | | |
| 9. Name and Address of Current Registered Agent | | | 10. If changed, new Registered Agent/Office | | | |
| F&L CORP. | | Name | | | | |
| 200 LAURA STREET JACKSONVILLE FL 32202 | | Street Address (P.O. Box Number Is Not Acceptable) Suite, Apt. #, etc. | | | | |
| | | | | | | |
| 10a. Pursuant to the provisions of sections 620.1051 at for the purpose of changing its registered office or agent. I am familiar with, and accept the obligation | registered agent, or both, in the State of Flor | | | orized by its general partner(s). I hereby | State of Florida, submits this statement | |
| A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS EN | | | | | | |
| MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. | | | | | | |
| 11. Name(s) of General Partner(s) | Address of Each General 11a. (Do NOT Use Post Office B | al Partner ox Numbers) | 11b. | City, State & Zip Code | 11c. Registration/ Document Number | |
| CENTENNIAL AMERICAN REAL EST LTD | 131 FALLS STREET,SUIT | | GREENVILLE SC 29601 | | F97000002423 | |
| \{ | | | | 8000021 -11/05, *****1 | 3815185 73801089006 11.25 ****141.25 | |
| | | | | | | |

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 filling 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 effects 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.