

**2008 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2008**

**FILED**  
**Feb 18, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # A98000000786</b>	
1. Entity Name IMA PONTE VEDRA, LTD.	
Principal Place of Business 1575 SAN IGNACIO AVE., SUITE 100 CORAL GABLES, FL 33146	Mailing Address 1575 SAN IGNACIO AVE., SUITE 100 CORAL GABLES, FL 33146



01182008 No Chg-LP

CR2E003 (12/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
65-0822751

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

WEBLEY, JACQUELINE  
1575 SAN IGNACIO AVE., SUITE 100  
CORAL GABLES, FL 33146

**DO NOT WRITE  
IN THIS SPACE**

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

**FILE NOW!!! FEE IS \$500.00**  
**After May 1, 2008, Fee will be \$900.00**

**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 # P98000024668  
NAME IMA PONTE VEDRA, INC.  
STREET ADDRESS 1575 SAN IGNACIO AVE., SUITE 100  
CITY-ST-ZIP CORAL GABLES, FL 33146

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CITY-ST-ZIP

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U00000831322  
02/27/08-80013-013 500.00

**DO NOT WRITE  
IN THIS SPACE**

14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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

Ralph Sheppard 2/15/08 205-661-0110

Date

Daytime Phone #

STAPLE CHECK HERE