2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L01000018204

1. Entity Name
2359 PONTE VEDRA BOULEVARD, LLC

Principal Place of Business	Mailing Address
1450-3 SAN MARCO BLVD. JACKSONVILLE, FL 32207	1450-3 SAN MARCO BLVD. JACKSONVILLE, FL 32207

DO NOT WRITE IN THIS SPACE

01112005No Chg-LLC   CR2E083 (10/03)

4. FEI Number	Applied For
75-3039153	Not Applicable

5. Certificate of Status Desired ☐   **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

BRANT, ABRAHAM, REITER & MCCORMICK, P.A.
50 NORTH LAURA ST., STE. 2750
JACKSONVILLE, FL 32202

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.   (NOTE: Registered Agent signature required when reinstating)   DATE

Filing Fee is $50.00
Due by May 1, 2005

9.	MANAGING MEMBERS/MANAGERS		
TITLE	MGRM		
NAME	CESERY, BARBARA H		
STREET ADDRESS	1450-3 SAN MARCO BLVD.		
CITY-ST-ZIP	JACKSONVILLE, FL 32207		
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

DO NOT WRITE IN THIS SPACE

11. 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 managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: _Barbara H. Cesery_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #