

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 28, 2004 8:00 am
Secretary of State

04-28-2004 90057 045 ****55.00

DOCUMENT # L02000008561

1. Entity Name
PONTE VEDRA BEACH INVESTORS, LLC



Principal Place of Business
1608 THE GREENS WAY, SUITE 100
JACKSONVILLE BEACH, FL 32250

Mailing Address
1608 THE GREENS WAY, SUITE 100
JACKSONVILLE BEACH, FL 32250

24056710



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04122004 Chg-LLC CR2E083 (10/03)

City & State

City & State

4. FEI Number
51-0426143

Applied For
Not Applicable

Zip Country

Zip Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PLYE, JAMES G
1608 THE GREENS WAY, SUITE 100
JACKSONVILLE BEACH, FL 32250

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2004**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGRM ☐ Delete
NAME PYLE, JAMES G
STREET ADDRESS 1608 THE GREENS WAY, SUITE 100
CITY-ST-ZIP JACKSONVILLE BEACH, FL 32250

☐ Change ☐ Addition
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE MGR ☐ Delete
NAME DAWS, JAMES H
STREET ADDRESS 1760 BASS ROAD, SUITE 202
CITY-ST-ZIP MACON, GA 21310

☒ Change ☐ Addition
TITLE
NAME
STREET ADDRESS 5400 Riverside Drive, Suite 203
CITY-ST-ZIP macon, GA 31210

TITLE MGR ☐ Delete
NAME TUCKER, JEFFREY S
STREET ADDRESS 1760 BASS ROAD, SUITE 202
CITY-ST-ZIP MACON, GA 21310

☒ Change ☐ Addition
TITLE
NAME
STREET ADDRESS 5400 Riverside Drive, Suite 203
CITY-ST-ZIP Macon, GA 31210

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition
TITLE
NAME
STREET ADDRESS
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TITLE ☐ Delete
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☐ Change ☐ Addition
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

4-12-04

904-273-6089