

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

0000637

DOCUMENT # L02000008561

1. Entity Name
PONTE VEDRA BEACH INVESTORS, LLC



FILED
03 APR 29 PM 5:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
100 EXECUTIVE WAY, STE. 206
PONTE VEDRA BEACH FL 32082

Mailing Address
100 EXECUTIVE WAY, STE. 206
PONTE VEDRA BEACH FL 32082

2. Principal Place of Business
1680 The Greens Way

3. Mailing Address
1680 The Greens Way

Suite, Apt. #, etc.
Suite 100

Suite, Apt. #, etc.
Suite 100

City & State
Jacksonville Beach FL

City & State
Jacksonville Beach, FL

Zip
32250

Country
USA

Zip
32250

Country
USA



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number
51-0426143

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

PYLE, JAMES G
100 EXECUTIVE WAY, STE. 206
PONTE VEDRA BEACH FL 32082

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
1680 The Greens Way, Suite 100
City Jacksonville Beach FL Zip Code 32250

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 James G. Pyle 4/2/03
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 James G. Pyle 4/2/03
Signature, typed or printed name of signing managing member, manager, or authorized representative

Date Daytime Phone #

CR2E083 (10/02)