2007 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

DO NOT WRITE IN THIS SPACE

DOCUMENT # L03000027064

1. Entity Name

PONTE VEDRA NORTH, LLC



FILED Apr 09, 2007 8:00 am Secretary of State

04-09-2007 90345 027 ****55.00

Principal Place of Business

Mailing Address

500 LEMASTER DRIVE

PONTE VEDRA BEACH, FL 32082

500 LEMASTER DRIVE PONTE VEDRA BEACH, FL 32082



03272007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 16-1678146		Applied For Not Applicable
5. Certificate of Status Desired	¥	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

MOTOLAW, INC. 50 NORTH LAURA STREET, SUITE 2500 JACKSONVILLE, FL 32202

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	named entity submits this statement for the purpose of char tions of registered agent.	nging its registered office or registered agent, or bo	oth, in the State of Florida. I am familiar with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when reinstating)	DATE
F	iling Fee is \$50.00 ue by May 1, 2007		
9.	MANAGING MEMBERS/MANAGERS		· · · · · · · · · · · · · · · · · · ·
TITLE	MGRM		
NAME	LARSEN, PETER		
STREET ADDRESS	500 LEMASTER DRIVE		
CITY-SI-ZIP	PONTE VEDRA BEACH, FL 32082		
TITLE	MGRM		
NAME	BARTLETT, BARON		
STREET ADDRESS	500 LEMASTER DRIVE		
CITY-ST-ZIP	PONTE VEDRA BEACH, FL 32082		
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11. 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 end 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 this receiver or mysteg employees to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

CITY-ST-ZIP

G MEMBER, OR AUTHORIZED REPRESENTATIVE

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