



2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000034442 1. Entity Name STONEWOOD PONTE VEDRA, LLC						FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 05 APR -4 AM 11:34	
Principal Place of Business 1 SLEIMAN PARKWAY, SUITE 270 JACKSONVILLE, FL 32216				Mailing Address 1 SLEIMAN PARKWAY, SUITE 270 JACKSONVILLE, FL 32216			
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.					
City & State		City & State		4. FEI Number 59-0183234		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent SMITH, BERNARD E 1 SLEIMAN PARKWAY, SUITE 270 JACKSONVILLE, FL 32216				7. Name and Address of New Registered Agent Name Peter D. Sleiman Street Address (P.O. Box Number is Not Acceptable) 1 Sleiman Parkway Suite 270 City Jacksonville FL Zip Code 32216			
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 <i>Peter D. Sleiman</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE <i>1-19-05</i> <small>(NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$50.00 Due by May 1, 2005				Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SLEIMAN, PETER ELI 1 SLEIMAN PARKWAY, SUITE 270 JACKSONVILLE, FL 32216 <input type="checkbox"/> Delete			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"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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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: <i>Peter D. Sleiman</i>				Date 1/19/05		Daytime Phone # 904/731-8806	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>							