

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 03, 2005 08:00 AM
Secretary of State

DOCUMENT # M00000002322

1. Entity Name
INTERCONN PONTE VEDRA COMPANY, L.L.C.



Principal Place of Business

1000 PGA TOUR BLVD
PONTE VEDRA BEACH, FL 32082

Mailing Address

1000 PGA TOUR BLVD
PONTE VEDRA BEACH, FL 32082



01072005 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
52-2276534

Applied For
Not Applicable

5. Certificate of Status Desired



**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525

**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 the fee applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2005**

1000 PGA TOUR BLVD
PONTE VEDRA BEACH, FL 32082

9. MANAGING MEMBERS/MANAGERS

TITLE	MEM
NAME	INTERSTATE PROPERTY PARTENRSHIP
STREET ADDRESS	680 ANDERSON DR.
CITY- ST- ZIP	PITTSBURG, PA
TITLE	MEM
NAME	CONNECTICUT GENERAL LIFE INS CO
STREET ADDRESS	900 COTTAGE GROVE RD
CITY- ST- ZIP	HARTFORD, CT
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

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03/04/05-80009-015 55.00

**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)(f), 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, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

2/22/05 (904) 280-7015