

**FILE ON OR BEFORE DECEMBER 31, 1996 OR PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE**

LIMITED PARTNERSHIP
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
96 DEC 11 PM 1:46

1. Name of Limited Partnership

1a. DOCUMENT #
A95000000836

PONTE VEDRA LAKES LIMITED PARTNERSHIP



Mailing Address
P.O. BOX 550587
JACKSONVILLE FL 32255

Principal Office Address
C/O WALKER & KOEGLER, P.A.
~~1055 CAMDEN ROAD, SUITE 200~~
JACKSONVILLE FL 32258

3. Date Formed or Registered
06/01/1995

5a. Capital Contributions as
Shown on record.
\$250,000.00

3a. Date of Last Report
12/07/1995

5b. Amount of Capital
Contributions in FLORIDA
to date:

2. Mailing Address

2a. Principal Office Address
10151 Deerwood Park Blvd.

4. State or Country of Formation
FL

Suite, Apt. #, etc.

Suite, Apt. #, etc.
Building 100, Suite 200

6. FEI Number
59-3321639

Applied For
 Not Applicable

City & State

City & State

7. Certificate of Status Desired

\$8.75 Additional
Fee Required

Zip Country

Zip Country

8. Make check payable to: Dept. of State (See reverse side for fee information)

9. Name and Address of Current Registered Agent

KOEGLER, STEVEN C
~~1055 CAMDEN ROAD, SUITE 200~~
JACKSONVILLE FL 32258

10. If changed, new Registered Agent/Office

Name
Street Address (P.O. Box Number is Not Acceptable)
10151 Deerwood Park Blvd.
Suite, Apt. #, etc.
Building 100, Suite 200
City
FL Zip Code

Handwritten signature and date: 12/11

10a. Pursuant to the provisions of sections 620 1051 and 620 192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620 192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment)

DATE

**A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**

11. Name(s) of General Partner(s)

11a. Address of Each General Partner
(Do NOT Use Post Office Box Numbers)

11b. City, State & Zip Code

11c. Registration/
Document Number

MARSGOLD, INC.

107 PLANTERS ROW

PONTE VEDRA BEACH FL

P84000069439

300002027619--3
-12/12/96--01086--005
*****576.25 ***576.25**

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE

Handwritten signature: Martin A. Golob...

DATE

27 NOV 1996

Typed or Printed Name of General Partner Signing Form

MARTIN A. GOLOB...

Daytime Telephone Number

904-285-9979

CR2E003 (6/96)