

FILE ON OR BEFORE DECEMBER 31, 1997 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP
ANNUAL REPORT
1998



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

97 NOV 10 PM 3:31



1. Name of Limited Partnership

1a. DOCUMENT #
A95000000836

PONTE VEDRA LAKES LIMITED PARTNERSHIP

Mailing Address

Principal Office Address

~~P.O. BOX 530587
JACKSONVILLE FL 32255~~

~~10141 OBERWOOD PARK BLVD.
BUILDING 100, SUITE 200
JACKSONVILLE FL 32256~~

3. Date Formed or Registered

06/01/1995

5a. Capital Contributions as Shown on record.

\$250,000.00

3a. Date of Last Report

12/11/1996

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

\$250,000.00

4. State or Country of Formation

FL

6. FEI Number

59-3321639

Applied For
 Not Applicable

7. Certificate of Status Desired

\$8.75 Additional Fee Required

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

2. Mailing Address

Post Office Box 676

2a. Principal Office Address

217 Ponte Vedra Park Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Ponte Vedra Beach, FL

City & State

Ponte Vedra Beach, FL

Zip

32004

Country

Zip

32082

Country

9. Name and Address of Current Registered Agent

~~KOGLER, STEVEN G
10141 OBERWOOD PARK BLVD.
BUILDING 100, SUITE 200
JACKSONVILLE FL 32256~~

10. If changed, new Registered Agent/Office

Name
Dr. Marvin Goldberg
Street Address (P.O. Box Number is Not Acceptable)
107 PLANTERS ROW WEST
Suite, Apt. #, etc.
PO
City
PONTE VEDRA BEACH FL Zip Code
32082

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)

MARSGOLD, INC.

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

107 PLANTERS ROW

11b. City, State & Zip Code

PONTE VEDRA BEACH FL

11c. Registration/Document Number

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dec

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

Marsgold Inc by Marvin Goldberg Pres
Marsgold, Inc. By: **Dr. Marvin Goldberg, Pres.**

DATE

30 Oct 1997

Typed or Printed Name of General Partner Signing Form

Daytime Telephone Number

CR2E03 (6/97)