

**2014 FLORIDA LIMITED PARTNERSHIP ANNUAL REPORT**

DOCUMENT# A33537

**Entity Name:** THE CORNER AT PONTE VEDRA, LTD.

**Current Principal Place of Business:**

1 INDEPENDENT DRIVE  
SUITE 1600  
JACKSONVILLE, FL 32202-5009

**Current Mailing Address:**

1 INDEPENDENT DRIVE  
SUITE 1600  
JACKSONVILLE, FL 32202-5009

**FEI Number: 59-3149164**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

SHIELDS, DAVID R  
1 INDEPENDENT DRIVE  
SUITE 1600  
JACKSONVILLE, FL 32202 US

*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.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**General Partner Detail :**

Document # J92529  
Name LDP, INC.  
Address 1 INDEPENDENT DRIVE STE 1600  
City-State-Zip: JACKSONVILLE FL 32202

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a general partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: JEANNINE MELLO**

**EVP**

**01/10/2014**

\_\_\_\_\_  
Electronic Signature of Signing General Partner Detail

\_\_\_\_\_  
Date