

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 05, 2001 08:00 AM****Secretary of State****DOCUMENT # B98000000064**1. Entity Name
ST. JOE/ARVIDA COMPANY, L.P.

Principal Place of Business	Mailing Address
1650 PRUDENTIAL DRIVE, SUITE 400 JACKSONVILLE FL 32207	1650 PRUDENTIAL DRIVE, SUITE 400 JACKSONVILLE FL 322078166

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Zip
Country	Country

4. FEI Number
36-4191177Applied For
Not Applicable5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
PAINE LAWRENCE 1650 PRUDENTIAL DRIVE, SUITE 400 JACKSONVILLE FL 32207 US	Name
	Street Address (P.O. Box Number is Not Acceptable)
	City
	FL Zip Code

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.

SIGNATURE _____ DATE **04/05/2001**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions as Shown on record. 2,000,000.00

10. Amount of Capital Contributions in FLORIDA to date. 2,000,000.00

11. MAKE CHECK PAYABLE TO DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	ST. JOE/ARVIDA COMPANY, INC.	STREET ADDRESS	
NAME	1650 PRUDENTIAL DRIVE, SUITE 400	CITY-ST-ZIP	
STREET ADDRESS	JACKSONVILLE FL 32207		
CITY-ST-ZIP		STREET ADDRESS	
		CITY-ST-ZIP	
DOCUMENT #	JMB SOUTHEAST DEVELOPMENT, LLC	STREET ADDRESS	
NAME	900 N. MICHIGAN AVE., SUITE 1900	CITY-ST-ZIP	
STREET ADDRESS	CHICAGO IL 60611		
CITY-ST-ZIP		STREET ADDRESS	
		CITY-ST-ZIP	
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP		STREET ADDRESS	
		CITY-ST-ZIP	
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP		STREET ADDRESS	
		CITY-ST-ZIP	

14. 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: Susan G. Whitlatch as AS of GP AS 04/05/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (11/00)