

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Mar 02, 2001 08:00 AM****Secretary of State****DOCUMENT # A14293**

1. Entity Name

AL-ZAR, LTD.

Principal Place of Business

1650 PRUDENTIAL DR

JACKSONVILLE

32207

FL

Mailing Address

1650 PRUDENTIAL DRIVE

SUITE 400 LEGAL DEPARTMENT

JACKSONVILLE

32207

FL

2. Principal Place of Business

1650 PRUDENTIAL DRIVE

Suite, Apt. #, etc.

SUITE 400

JACKSONVILLE

FL

3. Mailing Address

1650 PRUDENTIAL DRIVE SUITE 400

Suite, Apt. #, etc.

ATTN. LEGAL DEPT.

JACKSONVILLE

FL

Zip  
32207Country  
USZip  
32207Country  
US

4. FEI Number

**59-2357283**

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

PAINE LAWRENCE

1650 PRUDENTIAL DR

STE. 400

JACKSONVILLE

32207

US

FL

7. Name and Address of New Registered Agent

Name

PAINE LAWRENCE

Street Address (P.O. Box Number is Not Acceptable)

1650 PRUDENTIAL DRIVE

STE. 400

City  
JACKSONVILLE**FL**Zip Code  
32207

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**03/02/2001**

DATE

9. Capital Contributions

as Shown on record. 14,000,000.00

10. Amount of Capital Contributions

in FLORIDA to date. 14,000,000.00

**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

DOCUMENT #	
NAME	ST. JOE TIMBERLAND COMPANY OF DELAWARE,LLC
STREET ADDRESS	1650 PRUDENTIAL DR. #400
CITY-ST-ZIP	JACKSONVILLE FL

DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

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

03/02/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (11/00)