LIMITED PARTNERSHIP
UNIFORM BUSINESS REPORT (UBR)

FILED

02 APR 17 AM 9:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A14293

1. Entity Name
Al-Zar, Ltd.

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
1650 Prudential Drive		1650 Prudential Drive	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
Suite 400		Suite 400 - Attn: Legal Dept.	
City & State		City & State	
Jacksonville, FL		Jacksonville, FL	
Zip	Country	Zip	Country
32207	USA	32207	USA

DUE BY MAY 1

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

7. Name and Address of Current Registered Agent

Name
Lawrence Paine

Street Address (P.O. Box Number is Not Acceptable)
1650 Prudential Drive Suite 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: _____ DATE
Signature of new or previous registered agent, if applicable

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 #	3120873	STREET ADDRESS	
NAME	St. Joe Timberland Company of Delaware	CITY-ST-ZIP	100005307791--2
STREET ADDRESS	1650 Prudential Drive Suite 400		-04/19/02--01035--003
CITY-ST-ZIP	Jacksonville, FL 32207		****526.25 ****526.25
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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DOCUMENT #		STREET ADDRESS	
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STREET ADDRESS			
CITY-ST-ZIP			

CR2E003B (12/01)

STAPLE CHECK HERE

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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #