B980000064		
 From: SUSAN G. WHITLATCH (904)301-4460 THE ST. JOE COMPANY 245 Riverside Avenue Suite 500 JACKSONVILLE, FL, 32202 	000023780240	
(City/State/Zip/Phone #)	10/14/0301062006 **2395.001	
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LIMITED PARTNERSHIP STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT, OR BOTH

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Pursuant to the provisions of sections 620.105 and 620.1051, Florida Statutes, the undersigned limited partnership submits the following statement in order to change its registered office or registered agent, or both, in the state of Florida.

1 ST. JOE/ARVIDA COMPANY, LP		
Name of the limited partnership		
2. 1/27/1998 Date of filing/regist	tration in Florida 3. B9800000064 Document number assigne	d :
4. The name of the regis Department of State:	stered agent and the registered office address as shown on the I LAWRENCE PAINE	records of the Florida
	245 RIVERSIDE AVENUE SUITE 500	. <u> </u>
	Address JACKSONVILLE FL 32202	220
	City, State and Zip	FLLA
5. The name and address of the new registered agent and/or office:		
CHRISTINE M. MARX		
_	Name Same Florida street address (P.O. Box <u>not</u> acceptable)	S: 12 FLORIDA
FL City, State and Zip 6. Such change(s) was/were authorized by the general partners.		
Signature of General Partner Asst. Secretary vz St. Joe/Arvida Company, Inc.		
I hereby accept the appo with the provisions of a familiar with and accept	is general parture. Dintment as registered agent and agree to act in this capacity. If all statutes relative to the proper and complete performance of t the obligations of my position as registered agent. Or, if this age in the registered office address, I hereby confirm that the l	further agree to comply of my duties, and I am document is being filed
She W	Marp	
Signature of Registered Agen	nt	. ~

Make checks payable to Florida Department of State and mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 Filing Fee: \$35.00

INHS04(9/98)