

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # B99000000364

1. Entity Name
ST. JOE-ARVIDA HOME BUILDING, L.P.



FILED

03 JUN -2 AM 8:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
1650 PRUDENTIAL DRIVE, SUITE 400
ATTN: LEGAL DEPT.
JACKSONVILLE FL 32207

Mailing Address
1650 PRUDENTIAL DRIVE, SUITE 400
ATTN: LEGAL DEPT.
JACKSONVILLE FL 32207



2. Principal Place of Business

245 Riverside Ave

3. Mailing Address

245 Riverside Ave

Suite, Apt. #, etc.

Suite 500

Suite, Apt. #, etc.

Suite 500 - Attn Legal Dept

City & State

City & State

DUE BY MAY 1, 2003

4. FEI Number 59-7163632

Applied For

Not Applicable

Zip

32202

Country

Zip

32202

Country

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PAINE, LAWRENCE

1650 PRUDENTIAL DRIVE, SUITE 400

JACKSONVILLE FL 32207

7. Name and Address of New Registered Agent

Name

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

245 Riverside Ave

Suite 500

City

FL

Zip Code

32202

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

DATE

9. Capital Contributions as Shown on record.

\$156,857,075.00

10. Amount of Capital Contributions in FLORIDA to date.

159,447,451.00

11. MAKE CHECK PAYABLE TO FL. 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 # P98000020667
NAME ARVIDA WEST FLORIDA CONTRACTING, INC.
STREET ADDRESS 1650 PRUDENTIAL DRIVE, SUITE 400
CITY-ST-ZIP JACKSONVILLE FL 32207

13. ADDRESS CHANGES ONLY

STREET ADDRESS 245 Riverside Ave Suite 500
CITY-ST-ZIP 32202

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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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

4/28/2003 904/301-4460

CR2E003 (10/02)

0006268 AT

STAPLE CHECK HERE