- BAD0000364	
From: SUSAN G. WHITLATCH (904)301–4460 THE ST. JOE COMPANY 245 Riverside Avenue Suite 500 JACKSONVILLE, FL, 32202	300023780213
(City/State/Zip/Phone #)	10/14/0301062006 **2395.00 1
(Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:	FILED 2003 OCT 14 PH 3: 10 ALLAHASSEE, FLORIDA
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## A. 14

## 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 HOME BUILDING, LP
Name of the limited partnership
2. 10/8/1999 3. B9900000364
Date of filing/registration in Florida Document number assigned
4. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:
245 RIVERSIDE AVENUE SUITE 500
Address
JACKSONVILLE FL 32202
City, State and Zip
Address JACKSONVILLE FL 32202 City, State and Zip 5. The name and address of the new registered agent and/or office:
CHRISTINE M. MARX
Name
Samo as aboute 200
Florida street address (P.O. Box <b>not</b> acceptable)
FL
City, State and Zip
6. Such change(s) was/were authorized by the general partners.
Amen A. Whitetel Signature of General Partner Arot. Secretary of Arvida West Florida Contracting, InC.
Signature of General Partner AF6T. Securities of thrvide West Floride Contracting, InC. I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am formiliar with and accept the obligations of my position as registered agent. Or if this document is being filed
familiar with and accept the obligations of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the limited partnership has been notified in writing of this change.
Clahn.
Signature of Registered Agent

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)