## L000000 15247

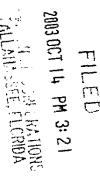
From: SUSAN G. WHITLATCH (904)301-4460 _ THE ST. JOE COMPANY 245 Riverside Avenue Suite 500				
JACKSONVILLE, FL, 32202				
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J. BAYMAN OCT 2 3 2003

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. The same of the limited liability company is:

ST. JOE DEERWOOD PARK, L.L.C.

1. The name of the limite	ed liability company is: ST. JOE	E DEERWOOD PARK, L.L.C.
		·
245 RIVERSIDE AVEN	NUE SUITE 500, JACKSONVIL	LLE, FL 32202
12/11/2000		L00000015247
	3. Date of filing/registration in Florida 4. Document number	
5. The name of the registe Florida Department of		ee address as shown on the records of the
	Name 245 RIVERSIDE AVENUE S	Zip r office:
Address  JACKSONVILLE, FL 32202  City, State and Zip		
6. The name and address	of the new registered agent and/or	r office:
CHRISTINE M. MARX		
	Same as above	
	Florida street address (P.O. Box	x NOT acceptable)
	City, State and Zi	lip .
confirmed that after the cland the business office of liability company, it is her the members of the limite the operating agreement of the limite the limite the operation of the limite the limite the operation of the limite the limit	hange or changes are made, the Flether registered agent will be identified that the change(s) and liability company or as otherwise of the limited liability company.	laws of the State of Florida, it is hereby lorida street address of the registered office tical. Or, in the case of a Florida limited was/were authorized by an affirmative vote of se provided in the articles of organization or
(Signature of a member or author  OLISAN C. W.  (Printed or typed name of signee)	ized representative of a member)	
I hereby accept the appo comply with the provision and Lam familiar with an Chapter 608, F.S. Or if address, Ungrapy configure (Signature of Registered Aggnt)	intment as registered agent and a ns of all statutes relative to the pro nd accept the obligations of my po- this document is being filed to me that the limited liability company	agree to act in this capacity. I further agree to oper and complete performance of my duties, sition as registered agent as provided for in crely reflect a change in the registered office y has been notified in writing of this change.

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

INHS18(10/99) FILING FEE: \$25.00