

**2009 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED  
Feb 18, 2009  
Secretary of State**

DOCUMENT# L03000024220

Entity Name: ST. JOE COASTAL PROPERTIES, LLC

**Current Principal Place of Business:**

208 MONUMENT AVE.  
PORT ST. JOE, FL 32456

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 280  
PORT ST. JOE, FL 32457

**New Mailing Address:**

FEI Number: 20-0381671      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

LEEBRICK, BRIAN D ESQ.  
220 MCKENZIE AVE.  
PANAMA CITY, FL 32401      US

**Name and Address of New Registered Agent:**

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM      ( ) Delete  
Name: WARRINER, DAVID  
Address: P.O. BOX 280  
City-St-Zip: PORT ST JOE, FL 32457

Title: MGRM      ( ) Delete  
Name: PICKETT, RONALD B  
Address: P.O. BOX 280  
City-St-Zip: PORT SAINT JOE, FL 32457

**ADDITIONS/CHANGES:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: DAVID WARRINER

MGRM

02/18/2009

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date