

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L03000024220

**FILED**  
**Jan 17, 2011**  
**Secretary of State**

**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:**

WARRINER, DAVID  
208 MONUMENT AVENUE  
PORT ST. JOE, FL 32456 US

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:** DAVID WARRINER

01/17/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

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

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

I hereby 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

01/17/2011

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