

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000015600

Entity Name: PARADISE POINTE, L.L.C.

**FILED**  
**Apr 27, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

245 RIVERSIDE AVENUE, SUITE 500  
JACKSONVILLE, FL 32202

**New Principal Place of Business:**

245 RIVERSIDE AVENUE  
SUITE 500  
JACKSONVILLE, FL 32202

**Current Mailing Address:**

245 RIVERSIDE AVENUE, SUITE 500  
ATTN. LEGAL DEPT.  
JACKSONVILLE, FL 32202

**New Mailing Address:**

FEI Number: 20-3157134

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

MARX, CHRISTINE M  
245 RIVERSIDE AVENUE, SUITE 500  
JACKSONVILLE, FL 32202 US

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

THE ST. JOE COMPANY  
245 RIVERSIDE AVENUE  
SUITE 500  
JACKSONVILLE, FL 32202 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: REECE B. ALFORD, AS ITS SECRETARY

04/27/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: GREENE, WM. BRITTON  
Address: 245 RIVERSIDE AVENUE, SUITE 500  
City-St-Zip: JACKSONVILLE, FL 32202

Title: MGR  
Name: MCCALMONT, WILLIAM S  
Address: 245 RIVERSIDE AVENUE, SUITE 500  
City-St-Zip: JACKSONVILLE, FL 32202

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: WILLIAM S. MCCALMONT

MGR

04/27/2010

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