2006 LIMITED LIABILITY COMPANY

SIGNATURE:

Feb 20, 2006 8:00 am ANNUAL REPORT (ÄR)~ **Secretary of State DOCUMENT # L05000032460** 01-26-2006 90067 004 ****50.00 1. Entity Name PORT ST. JOE REALTY, LLC Principal Place of Business Mailing Address 209 7TH STREET PORT ST. JOE FL 32456 209 7TH STREET PORT ST. JOE FL 32456 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E083 (10/05) 4. FEI Number 2611928 City & State City & State Applied For Not Applicable Ζip Country Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name FARRELL, J. PATRICK JR Street Address (P.O. Box Number is Not Acceptable) 209 7TH STREET PORT ST. JOE FL 32456 Zip Code 8. 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. I am familiar with, and accept the obligations of registered agent. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2006 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES nn é MGRM ☐ Delete TITLE Change ☐ Addition NAME NAME FARRELL, J. PATRICK JR STREET ADDRESS STREET ACCRESS 209 7TH STREET CITY-ST-ZIP CITY-ST-ZIP PORT ST. JOE FL 32456 TITLE ☐ Delete TITLE ☐ Change ■ Addition NEWMAN, GEORGE S JR NAME NAME STREET ADORESS STREET ADORESS P.O. BOX 501 CITY-ST-ZIP CITY-ST-ZIP PORT ST. JOE FL 32457 TITLE TITLE Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY: ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS C/ITY - ST - ZIP CITY-ST-70 Addition TITLE Oelete Change NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-28P TITLE ☐ Defete MILE ☐ Channe Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 11. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Section 119. Florida Statutes, I further certify that the information indicated on this report is true and accurate and that my 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED

850-229-4700

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1-18-06



FLORIDA DEPARTMENT OF STATE Division of Corporations

January 31, 2006

PORT ST. JOE REALTY, LLC 209 7TH STREET PORT ST. JOE, FL 32456

Subject: PORT ST. JOE REALTY, LLC

Reference Number:

L05000032460

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$50.00; however, the report <u>has not been filed</u> and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

/rm ANNUAL REPORTS SECTION