

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L99000005626

FILED  
Apr 12, 2006  
Secretary of State

Entity Name: ST. JOE RESORTS & CLUBS, L.L.C.

**Current Principal Place of Business:**

245 RIVERSIDE AVENUE  
SUITE 500  
JACKSONVILLE, FL 32202

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

FEI Number: 59-3596591      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 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: MGR ( ) Delete  
Name: GREENE, WM. BRITTON  
Address: 245 RIVERSIDE AVE SUITE 500  
City-St-Zip: JACKSONVILLE, FL 32202 US

Title: MGR ( ) Delete  
Name: REGAN, MICHAEL N  
Address: 245 RIVERSIDE AVENUE, SUITE 500  
City-St-Zip: JACKSONVILLE, FL 32202 US

**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 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: MICHAEL N. REGAN      MGR      04/12/2006

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