

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M02000000215

FILED
Apr 24, 2007
Secretary of State

Entity Name: RIVERCREST MORTGAGE, LLC

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:

245 RIVERSIDE AVENUE, SUITE 500
ATTN: LEGAL DEPT - SUSAN WHITLATCH
JACKSONVILLE, FL 32202

FEI Number: 02-0531196

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: MGRM () Delete
Name: RIVERCREST, LLC,
Address: 245 RIVERSIDE AVENUE, SUITE 500
City-St-Zip: JACKSONVILLE, FL 32202

Title: MEMB () Delete
Name: THE ST. JOE COMPANY,
Address: 245 RIVERSIDE AVENUE, SUITE 500
City-St-Zip: JACKSONVILLE, FL 32202

Title: () Delete
Name:
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Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

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

Title: EC-P (X) Change () Addition
Name: CASSALA, NICK
Address: 12724 GRAN BAY PKWY, SUITE 150
City-St-Zip: JACKSONVILLE, FL 32258

Title: EC-V () Change (X) Addition
Name: LASSMAN, MARK K
Address: 7900 GLADES ROAD SUITE 200
City-St-Zip: BOCA RATON, FL 33434

Title: EC-V () Change (X) Addition
Name: WRENN, LISA
Address: 1137 MARBELLA PLAZA DRIVE
City-St-Zip: TAMPA, FL 33619

Title: VP () Change (X) Addition
Name: WHYTE, DON
Address: 1137 MARBELLA PLAZA DRIVE
City-St-Zip: TAMPA, FL 33619

Title: MEMB () Change (X) Addition
Name: THE ST. JOE COMPANY,
Address: 245 RIVERSIDE AVE, SUITE 500
City-St-Zip: JACKSONVILLE, FL 32202

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: CHRISTINE M. MARX, SECRETARY OF ST. JOE CO

S

04/24/2007

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