


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 18, 2005 8:00 am**  
**Secretary of State**

01-18-2005 90184 002 \*\*\*\*50.00

<b>DOCUMENT # M04000001728</b>	
1. Entity Name PT. ST. JOE, FLA. LLC	

Principal Place of Business 75 N. STATE ROAD, 135 SUITE A GREENWOOD, IN 46142	Mailing Address 75 N. STATE ROAD, 135 SUITE A GREENWOOD, IN 46142
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20002548



2. Principal Place of Business 300 S. Madison Ave Suite, Apt. #, etc. Suite 401 City & State Greenwood, IN Zip 46142 Country USA	3. Mailing Address 300 S. Madison Ave Suite, Apt. #, etc. Suite 401 City & State Greenwood, IN Zip 46142 Country USA
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01112005 Chg-LLC CR2E083 (10/03)

4. FEI Number 35-1951732	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent GROOM, PAUL W II 206 E. FOURTH STREET PORT ST. JOE, FL 32456	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2005**

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCT PRESNELL, KEVIN L 1950 S. MORGANTOWN ROAD MORGANTOWN, IN 46142 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPVC CURRY, ROGER S 35 N. STATE ROAD, 135 SUITE A GREENWOOD, IN 46142 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Curry, Roger S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 300 S. Madison Ave Suite 401 Greenwood, IN 46142
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CURRY, ROGER S 35 N. STATE ROAD, 135 SUITE A GREENWOOD, IN 46142 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Sec. Roger S Curry <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 300 S. Madison Ave Suite 401 Greenwood, IN 46142
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:** Kan J Presnell 1/13/05 317-893-1598  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #