Certificate of status (based in sta		FILED Apr 18, 2000 8: Secretary of S 04-18-2000 90267 033 ***1	2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P99000042858 1. Entity Name ST. JOE COMMERCIAL PROPERTY SERVICES, INC.				
CONSTRUELE FL 32207 JACKSONVILLE FL 32207-8166 2. Principal Place of Business S. Maling Address Sulte, Apt. #, etc. Suite Apt. #, etc. Sulte, Apt. #, etc. Suite 400-Att.n. Legal Dept City & State Jackscornille, FL Zip Country Jackscornille, FL Sockscornille, FL Socksonville, FL Socksonville, FL Socksonville, FL Socksonville, FL Socksonville, FL Socksonville, FL Zip Country Jacksonville, FL Socksonville, FL Socksonville, FL Socksonville, FL Socksonville, FL Socksonville, FL Socksonville, FL KENNEDY, AulSon D Street Address (PO. Box Number is Not Acceptable) Jacksonville, FL Socksonville, FL Street Address, GPO. Box Number is Not Acceptable) Street Address (PO. Box Number is Not Acceptable) Jacksonville, FL Socksonville, FL Socksonville, FL Street Address of Policens And DirecorOrds Atter MAY 1, 2000 Fee will be \$5				Mailing Address	SS	e of Business	Principal Place
Index of country	IN NIN 191 191	C0065321					
Suite 400-Attn. Legal Dept City & State City & State City & State Seconville, PL Social Seconville, PL Socia		I TORATIONA TAU ANNO INTEL DUTTI OLETI BATAL BULLI BULLI 		1650 Prudential D	Principal Place of Business		
Zip Country Zip Sourcestille, FL 59–3560864 Zip Country Zip Country S. Cartificate of Status Desired St.77 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name KENNEDY, ALISON D 1650 PRUDENTIAL DR, SUITE 400 Street Address (P.O. Box Number is Not Acceptable) JACKSONVILLE FL 32207 City FL City 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. Street Address (P.O. Box Number is Not Acceptable) 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. Street Address (P.O. Box Number is Not Acceptable) The corporation is eligible to satisfy its Intangible This corporation is eligible to satisfy its Intangible FILE NOWIII FEE IS \$150.00 After MAY 1, 200 Fee will be \$550.00 The corporation is eligible to satisfy its Intangible Advect prime name of registered agent and the registered Agent agent sequence registered Agent agent sequence registered agent, or both, in the State of Florida. OFFICERS AND DIREC						Suite, Apt. #, etc.	
Zip Country Zip Country 5. Certificate of Status Desired \$8.7% 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name KENNEDY, ALISON D 1650 PRUDENTIAL DR, SUITE 400 Street Address (PO. Box Number is Not Acceptable) JACKSONVILLE FL 32207 City FL Zip City FL Zip City FL Zip 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. DATE SNATURE Street Address (PO. Box Number is Not Acceptable) DATE 'Street Address (PO. Box Number is Not Acceptable) City FL Zip City FL Zip Zip City FL Zip 'Gity FL Zip Zip City FL Zip 'Gity FL Zip	Applied For Not Applicable	4. FEI Number Applied For		City & State Jacksonville, FL		City & State	
	Additional	Certificate of Status Desired Status	Intry	Zip Co	Country		Zip
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City FL Zip 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. SINATURE Signature, hybrid or pinted neme of registered agent and tide if applicable. (MOTE Registered Agent signature required when reinstaling) DATE This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. FILE NOW !!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$250.00 Make Check Payable to Department of State 10. Election Campaign Financing Trust Fund Contribution. 2 Corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 10. Election Campaign Financing Corporation. 2 CAREY, G JOHN III File Adoress STREET ADORESS City: 51.2P Charter state and tide. Charter state and tide. <td< td=""><td colspan="3">ess (P.O. Box Number is Not Acceptable)</td><td></td><td>Tial Dr, suite 400</td><td>PRUDENTIA</td><td>1650</td></td<>	ess (P.O. Box Number is Not Acceptable)				Tial Dr, suite 400	PRUDENTIA	1650
The above named entity submits this statement for the purpose of changing its registered affice or registered agent, or both, in the State of Florida. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. SINATURE Signature, typed or printed name of registered agent and tale if applicable. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See ortienta on back) OFFICERS AND DIRECTORS E OFFICERS AND DIRECTORS C OFFICERS AND DIRECTORS E OFFICERS AND DIRECTORS C OFFICERS C					FL 32207	Sonville F	JACK
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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		119.07(3)(i), Florida Statutes. I further certify that the	cemption stated in Se	is filing does not qualify for the e			l hereby c
indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an o of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block changed, or on an attactment with an address, with all other like empowered.	ficer or director 11 or Block 12 if	legal effect as if made under oath; that I am an offic da Statutes; and that my name appears in Block 11	ature shall have the uired by Chapter 60	ered to execute this report as rec	the receiver or trustee empower	poration or the	of the cor