

**Interim Designation of Agent to Receive Notification  
of Claimed Infringement**

**Full Legal Name of Service Provider:** St. Joe Towns & Resorts, L.P.

**Alternative Name(s) of Service Provider (including all names under which the service provider is doing business):** \_\_\_\_\_

**Address of Service Provider:** 245 Riverside Avenue, Suite 500, Jacksonville, FL 32202

**Name of Agent Designated to Receive Notification of Claimed Infringement:** Christine M. Marx

**Full Address of Designated Agent to which Notification Should be Sent** (a P.O. Box or similar designation is not acceptable except where it is the only address that can be used in the geographic location):  
245 Riverside Avenue, Suite 500  
Jacksonville, FL 32202

**Telephone Number of Designated Agent:** (904) 301-4450

**Facsimile Number of Designated Agent:** (904) 301-4650

**Email Address of Designated Agent:** cmarx@joe.com

**Signature** \_\_\_\_\_ **Agent of the Designating Service Provider:**  
\_\_\_\_\_ **Date:** December 13, 2004 \*

**Typed or Printed Name and Title:** Christine M. Marx, General Counsel

\*Added by CG  
per phone call,  
K. Hennessey,  
12/20/04

**Note: This Interim Designation Must be Accompanied by a \$30 Filing Fee Made Payable to the Register of Copyrights.**

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