2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A98000000463

1. Entity Name

CARVER Family Limited PARTNERShip

FILED
01 MAR -9 AM 8:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
1003 Jupiter Park Lane Suite 5 Jupiter, FL 33458	1003 Jupiter Park Lane Suite 5 Jupiter, FL 33458

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 65-0814932 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CARVER Family Investments 1003 Jupiter Park Lane, Suite 5 Jupiter, FL 33458	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.

SIGNATURE Donald Ray Carver — 3-5-2001
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. Capital Contributions as Shown on record. 15,00,000.00

10. Amount of Capital Contributions in FLORIDA to date.

11. MAKE CHECK PAYABLE TO DEPT. OF STATE. SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	P96000042129	STREET ADDRESS	800003852958--4
NAME	CARVER Family Investments, INC.		-03/14/01--01088--001
STREET ADDRESS	1003 Jupiter Park Lane, Suite 5	CITY-ST-ZIP	****526.25 ****526.25
CITY-ST-ZIP	Jupiter, FL 33458		
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CR2E003 (11/00)

14. 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: DONALD RAY CARVER – Donald Ray Carver 3-5-01 561-747-6637
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #