

5/16/2003-90067-008-\$55.00-\$55.00

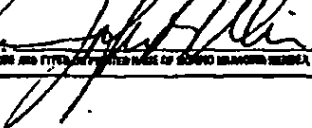
5/11

SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 OCT -9 AM 8:33

LR10/24

**2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # L02000012868																															
1. Entity Name CHARLOTTE DEVELOPMENT II, LLC																															
Principal Place of Business 777 S. FLAGLER DRIVE WEST TOWER, 8TH FLOOR WEST PALM BEACH, FL 33401		Mailing Address 777 S. FLAGLER DRIVE WEST TOWER, 8TH FLOOR WEST PALM BEACH, FL 33401																													
2. Principal Place of Business		3. Mailing Address 90 Burkhard Corp 175 Portland St Boston MA 02114																													
State, Apt. #, etc.		City & State																													
City & State		City & State																													
Zip	Country	Zip	Country																												
		02114	USA																												
4. FID Number 38-3680022		Applied For Not Applicable																													
5. Certificate of Status Desired ☒ \$5.00 Additional Fee Required																															
6. Name and Address of Current Registered Agent CUNDESSON, MILO P ESQ. 1081 PLACIDA ROAD SUITE 204 SPRINGWOOD, FL 32723-4048		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 agents.																															
SIGNATURE _____ Signature, typewritten printed name of registered agent and state if applicable. (UBR)-registered agent's name and address must appear.																															
<table border="1"> <thead> <tr> <th colspan="2">MANAGING MEMBERS/MANAGERS</th> <th colspan="2">ADDITIONS/CHANGES</th> </tr> </thead> <tbody> <tr> <td> 101 NAME John B. Wise CITY-STATE-ZIP Lincoln, MA 01773 </td> <td>☐ Delete</td> <td> 102 NAME STEFAN LAMORE CITY-STATE-ZIP CT-01-01 </td> <td>☐ Change ☐ Addition</td> </tr> <tr> <td> 103 NAME STEFAN LAMORE CITY-STATE-ZIP CT-01-01 </td> <td>☐ Delete</td> <td> 104 NAME STEFAN LAMORE CITY-STATE-ZIP CT-01-01 </td> <td>☐ Change ☐ Addition</td> </tr> <tr> <td> 105 NAME STEFAN LAMORE CITY-STATE-ZIP CT-01-01 </td> <td>☐ Delete</td> <td> 106 NAME STEFAN LAMORE CITY-STATE-ZIP CT-01-01 </td> <td>☐ Change ☐ Addition</td> </tr> <tr> <td> 107 NAME STEFAN LAMORE CITY-STATE-ZIP CT-01-01 </td> <td>☐ Delete</td> <td> 108 NAME STEFAN LAMORE CITY-STATE-ZIP CT-01-01 </td> <td>☐ Change ☐ Addition</td> </tr> <tr> <td> 109 NAME STEFAN LAMORE CITY-STATE-ZIP CT-01-01 </td> <td>☐ Delete</td> <td> 110 NAME STEFAN LAMORE CITY-STATE-ZIP CT-01-01 </td> <td>☐ Change ☐ Addition</td> </tr> <tr> <td> 111 NAME STEFAN LAMORE CITY-STATE-ZIP CT-01-01 </td> <td>☐ Delete</td> <td> 112 NAME STEFAN LAMORE CITY-STATE-ZIP CT-01-01 </td> <td>☐ Change ☐ Addition</td> </tr> </tbody> </table>				MANAGING MEMBERS/MANAGERS		ADDITIONS/CHANGES		101 NAME John B. Wise CITY-STATE-ZIP Lincoln, MA 01773	☐ Delete	102 NAME STEFAN LAMORE CITY-STATE-ZIP CT-01-01	☐ Change ☐ Addition	103 NAME STEFAN LAMORE CITY-STATE-ZIP CT-01-01	☐ Delete	104 NAME STEFAN LAMORE CITY-STATE-ZIP CT-01-01	☐ Change ☐ Addition	105 NAME STEFAN LAMORE CITY-STATE-ZIP CT-01-01	☐ Delete	106 NAME STEFAN LAMORE CITY-STATE-ZIP CT-01-01	☐ Change ☐ Addition	107 NAME STEFAN LAMORE CITY-STATE-ZIP CT-01-01	☐ Delete	108 NAME STEFAN LAMORE CITY-STATE-ZIP CT-01-01	☐ Change ☐ Addition	109 NAME STEFAN LAMORE CITY-STATE-ZIP CT-01-01	☐ Delete	110 NAME STEFAN LAMORE CITY-STATE-ZIP CT-01-01	☐ Change ☐ Addition	111 NAME STEFAN LAMORE CITY-STATE-ZIP CT-01-01	☐ Delete	112 NAME STEFAN LAMORE CITY-STATE-ZIP CT-01-01	☐ Change ☐ Addition
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 110.07(3)(g), Florida Statutes. I further certify that the information included 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 submit this report as is required by Chapter 605, Florida Statutes.																															
SIGNATURE: 		5/14/03 617-723-4121																													
ADDRESS AND CITY-STATE-ZIP OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date																													

44004989

CHECK HERE IF MAKING CHANGES

CREATING (1/02)