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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

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2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L02000012968

1. Entity Name
CHARLOTTE DEVELOPMENT II, LLC

Principal Place of Business	Mailing Address
777 S. FLAGLER DRIVE WEST TOWER, 9TH FLOOR WEST PALM BEACH, FL 33401	777 S. FLAGLER DRIVE WEST TOWER, 9TH FLOOR WEST PALM BEACH, FL 33401

[redacted]

☑ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	c/o Burkhard Corp Suite, Apt. #, etc. 175 Portland St
City & State	City & State Boston MA [redacted]
Zip / Country	Zip 02114 / Country USA

4. FEI 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	7. Name and Address of New Registered Agent
GUNDERSON, MIKO P ESQ. 1681 PLACIDA ROAD SUITE 204 [illegible]NEWOOD, FL 34223-4949	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 _____ DATE

[redacted]

9. MANAGING MEMBERS/MANAGERS	10. ADDITIONS/CHANGES
TYPE: Managing member NAME: John B. Wise STREET ADDRESS: 101 Weston Rd CITY-ST-ZIP: Lincoln MA 01773 ☐ Delete	TYPE ☐ Change ☐ Addition
TYPE ☐ Delete	TYPE ☐ Change ☐ Addition
TYPE ☐ Delete	TYPE ☐ Change ☐ Addition
TYPE ☐ Delete	TYPE ☐ Change ☐ Addition
TYPE ☐ Delete	TYPE ☐ Change ☐ Addition
TYPE ☐ Delete	TYPE ☐ Change ☐ 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: _____ 5/14/03 617-723-4121

NAME AND TITLE OF INDIVIDUAL SIGNING (BY AUTHORIZED MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE) Date Daytime Phone #