FILED

2003 FOR PROFIT CORPORATION

Jan 23, 2003 8:00 am **UNIFORM BUSINESS REPORT (UBR) Secretary of State** P00000099429 DOCUMENT # 01-23-2003 90095 002 ***150.00 1. Entity Name CARAT REALTY CORP. Principal Place of Business Mailing Address 7077 BONNEVAL ROAD 7077 BONNEVAL ROAD SUITE 600 SUITE 600 JACKSONVILLE FL 32216 JACKSONVILLE FL 32216 2. Principal Place of Business 3. Mailing Address 6 FAIRFIELD BLVD 6 FAIR FIELD BLYD Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES STE 3 STE City & State Applied For 4. FEI Number 59-3677306 PONTE VEDRA BCH, FL PONTE VEDEN BLN. Not Applicable \$8.75 Additional 5. Certificate of Status Desired 32082 Fee Required Name and Address of Current Registered Agent-7. Name and Address of New Registered Agent F&L CORP. Street Address (P.O. Box Number is Not Acceptable) 200 LAURA STREET NORTH JACKSONVILLE FL 32202 City 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. PRESIDE NT/CEO TITLE ☐ Delete TITLE Addition BUCKLEY, RONALD F RODALD F. BUCKLEY NAME NAME 7077 BONNEVAL ROAD SUITE 600 STREET ADDRESS STREET ADDRESS 6 FAIRPIELD BLYD STES JACKSONVILLE FL 32216 CITY-ST-ZIP CITY-ST-7IP PORTE VEDKA BCH, FL32087 VILE PRESY ASST SEL TITLE AS/T ☐ Delete TITLE ☐ Addition LESTER N. GAKRIBE GARRIPEE, LESTER N NAME NAME FAIRFIELD STE 8 7077 BONNEVAL RD SUITE 600 STREET ADDRESS STREET ADDRESS CITY-ST-7IP JACKSONVILLE FL 32216 CITY-ST-ZIP PONTE VEDRA BEN, FL 32082 ☐ Delete ☐ Change TITLE TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE TITLE ☐ Delete Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS

12. 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 or suppliemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-7IP

TITLE

NAME

CETTO UNLESTER N. GHXKIPEE SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OPPOSED PAGES

☐ Delete

Change

☐ Addition