2005 FOR PROFIT CORPORATION

CITY-ST-ZIP

Mar 11, 2005 08:00 AM ANNUAL REPORT **Secretary of State** DOCUMENT # P02000023350 1. Entity Name CARRIAGE PROPERTIES, INC. Mailing Address Principal Place of Business 225 S. ADAMS ST., STE. 250 225 S. ADAMS ST., STE. 250 TALLAHASSEE, FL 32301 TALLAHASSEE, FL 32301 No Chg-P CR2E034 (10/03) 02252005 DO NOT WRITE IN THIS SPACE Applied For 4. FE! Number 75-3015499 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE BREWTON, WILBUR E ESQ 225 S. ADAMS ST., STE. 250 TALLAHASSEE, FL 32301 IN THIS SPACE 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) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 \Box Trust Fund Contribution. Added to Fees After May 1, 2005 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. Đ TITLE BREWTON, WILBUR E NAME STREET ADDRESS 225 S. ADAMS ST., STE, 250 CITY-ST-ZIP TALLAHASSEE, FL 32301 ~U00000259290 TITLE 03/11/05-80015-023 150.00 NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(1), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 life empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED