2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2011
Secretary of State

DOCUMENT# P06000071427

Entity Name: CARRIAGE COVE TRS, INC.

Current Principal Place of Business:

560 OAKWOOD AVENUE
SUITE 100
LAKE FOREST, IL 60045

New Principal Place of Business:

840 SOUTH WAUKEGAN ROAD
SUITE 222
LAKE FOREST, IL 60045

Current Mailing Address:

560 OAKWOOD AVENUE
SUITE 100
LAKE FOREST, IL 60045

New Mailing Address:

840 SOUTH WAUKEGAN ROAD
SUITE 222
LAKE FOREST, IL 60045

FEI Number: 20-4919435 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD
Name: GOLDMAN, JAMES R
Address: 840 SOUTH WAUKEGAN RD., SUITE 222
City-St-Zip: LAKE FOREST, IL 60045

Title: VD
Name: LENTZ, DAVID B
Address: 840 SOUTH WAUKEGAN RD., SUITE 222
City-St-Zip: LAKE FOREST, IL 60045

Title: STD
Name: TARKINGTON, MICHAEL A
Address: 840 SOUTH WAUKEGAN RD., SUITE 222
City-St-Zip: LAKE FOREST, IL 60045

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: JAMES R. GOLDMAN P 04/22/2011

Electronic Signature of Signing Officer or Director — Date