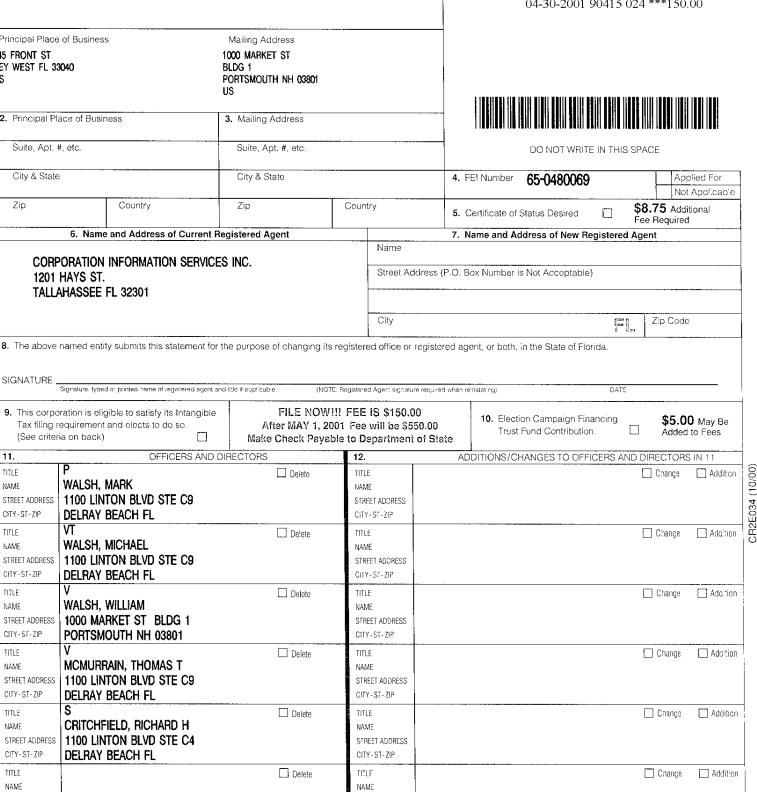
2001 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P94000023717 1. Entity Name CAROLINE STREET DEVELOPMENT CORP. Principal Place of Business Mailing Address 245 FRONT ST 1000 MARKET ST KEY WEST FL 33040 BLDG 1 US PORTSMOUTH NH 03801 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State Zip Country Zip Country 6. Name and Address of Current Registered Agent Name CORPORATION INFORMATION SERVICES INC. 1201 HAYS ST.

FILED Apr 30, 2001 8:00 am Secretary of State

4-30-2001 90415 024 ***150.00



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 supplemental report is true and accurate and that my signature shall have the same legal effect as if made under eath; 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered

City

12.

TITLE

NAME

TITLE

NAME

TITLE

NAME

TITLE

MAME

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADORESS

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

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TALLAHASSEE FL 32301

9. This corporation is eligible to satisfy its Intangible

Tax filing requirement and elects to do so.

WALSH, MARK

DELRAY BEACH FL

WALSH, MICHAEL

DELRAY BEACH FL

WALSH, WILLIAM

1100 LINTON BLVD STE C9

1100 LINTON BLVD STE C9

1000 MARKET ST BLDG 1

PORTSMOUTH NH 03801

MCMURRAIN, THOMAS T

DELRAY BEACH FL

DELRAY BEACH FL

1100 LINTON BLVD STE C9

CRITCHFIELD, RICHARD H

1100 LINTON BLVD STE C4

(See criteria on back)

Signature, typed or printed name of registered agent and title if applicable

OFFICERS AND DIRECTORS

SIGNATURE

11.

TITLE

NAME

TITLE

NAME

TITLE

NAME

TITLE

NAME

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADORESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-7IP

CITY-ST-7IP

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

CETY-ST-ZIP

SIGNING OFFICER OR DIRECTOR SIGNATURE AND TYPED OR PRINTED NAME OF