

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit our website at www.usps.com®

9214 7969 0099 9790 1717 9421 95

Certified Mail Fee
\$3.45

\$

Extra Services & Fees (check box, add fees as appropriate)
\$2.80

- Return Receipt (hardcopy) \$ _____
 Return Receipt (electronic) \$ _____
 Certified Mail Restricted Delivery \$ **\$0.00**
 Adult Signature Required \$ _____
 Adult Signature Restricted Delivery \$ _____

Postage
\$0.485

\$

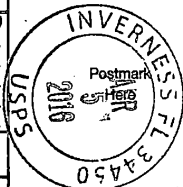
Total Postage and Fees
\$6.735

\$

Sent To **CB INTERNATIONAL INVESTMENTS**
PO BOX 643248

Street and Apt. No., or **VERO BEACH, FL 329649950**

City, State, Zip+4®



Code: 2015-0400TD

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit our website at www.usps.com®

9214 7969 0099 9790 1717 9422 01

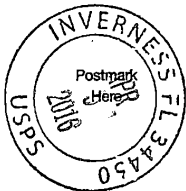
Certified Mail Fee
\$ **\$3.45**

Extra Services & Fees (check box, add fees as appropriate)
\$ **\$2.80**

- Return Receipt (hardcopy) \$ _____
 Return Receipt (electronic) \$ _____
 Certified Mail Restricted Delivery \$ **\$0.00**
 Adult Signature Required \$ _____
 Adult Signature Restricted Delivery \$ _____

Postage
\$ **\$0.485**

Total Postage and Fees
\$ **\$6.735**



Sent To **BUILDERS PROPERTY GROUP LLC**
13680 NW 5TH ST
Street and Apt. No., or PO Box No. **SPB 4010**
SUNRISE, FL 333256234

City, State, Zip+4®

Code: 2015-0400TD

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
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For delivery information, visit our website at www.usps.com®

9214 7969 0099 9790 1717 9422 18

Certified Mail Fee
\$3.45

Extra Services & Fees (check box, add fees as appropriate)
\$2.80

- Return Receipt (hardcopy) \$ _____
 Return Receipt (electronic) \$ _____
 Certified Mail Restricted Delivery \$ **\$0.00**
 Adult Signature Required \$ _____
 Adult Signature Restricted Delivery \$ _____

Postage
\$0.485

Total Postage and Fees
\$6.735



Sent To **BUILDERS PROPERTY GROUP LLC**
255 ALHAMBRA CIRCLE

Street and Apt. No., or PO BOX **SUITE 1325**
CORAL GABLES, FL 33134

City, State, Zip+4®

Code: 2015-0400TD

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT

Domestic Mail Only

For delivery information, visit our website at www.usps.com®

9214 7969 0099 9790 1717 9422 25

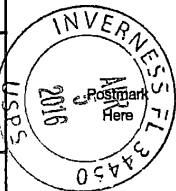
Certified Mail Fee
\$3.45

Extra Services & Fees (check box, add fee if appropriate)
\$2.80

- Return Receipt (hardcopy) \$ _____
 Return Receipt (electronic) \$ _____
 Certified Mail Restricted Delivery \$ **\$0.00**
 Adult Signature Required \$ _____
 Adult Signature Restricted Delivery \$ _____

Postage
\$0.485

Total Postage and Fees
\$6.735



Sent To

**BUILDERS PROPERTY GROUP LLC
REGISTERED AGENT JAY FERTIG**

Street and Apt. No., or P.O. Box **COBBAYSHORE LAND GROUP 75 ISLE OF
VENICE**

City, State, Zip+4® **FORT LAUDERDALE, FL 33301**

Code: 2015-0400TD

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
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For delivery information, visit our website at www.usps.com®

9214 7969 0099 9790 1717 9423 86

Certified Mail Fee
\$3.45

\$

Extra Services & Fees (check box, add \$2.80 appropriate)

- Return Receipt (hardcopy) \$ _____
- Return Receipt (electronic) \$ _____
- Certified Mail Restricted Delivery \$ **\$0.00**
- Adult Signature Required \$ _____
- Adult Signature Restricted Delivery \$ _____

Postage **\$0.485**

\$

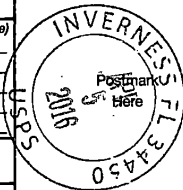
Total Postage **\$697.35**

\$

Sent To **FLORIDA COMMUNITY BANK**
1255 TAMIAMI TRL

Street and Apt. No., or P.O. Box No. **PORT CHARLOTTE, FL 339533814**

City, State, Zip+4®



Code: 2015-0400TD

U.S. Postal Service™
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Domestic Mail Only

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9214 7969 0099 9790 1717 9423 93

Certified Mail Fee

\$3.45

\$

Extra Services & Fees (check box, add fee, as appropriate)

\$2.80

- Return Receipt (hardcopy) \$ _____
- Return Receipt (electronic) \$ _____
- Certified Mail Restricted Delivery \$ **\$0.00**
- Adult Signature Required \$ _____
- Adult Signature Restricted Delivery \$ _____

Postage

\$0.485

\$

Total Postage and Fees

\$6.735

\$

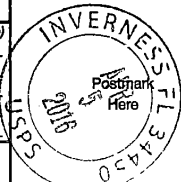
Sent To

RADC/CADC VENTURE 2010-2 LLC
2450 BROADWAY

Street and Apt. No., or RFD/FLOOR

SANTA MONICA, CA 90404

City, State, Zip+4®



Code: 2015-0400TD

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit our website at www.usps.com®

9214 7969 0099 9790 1717 9424 09

Certified Mail Fee
\$3.45

Extra Services & Fees (check box, add fee \$2.80 appropriate)

- Return Receipt (hardcopy) \$ _____
 Return Receipt (electronic) \$ _____
 Certified Mail Restricted Delivery \$ **\$0.00**
 Adult Signature Required \$ _____
 Adult Signature Restricted Delivery \$ _____

Postage **\$0.485**

Total Postage **\$6.735**

Sent To

**NCP FUND I HOLDINGS INC
ATTN: MARSHALL BURCHARD**

Street and Apt. No., or PO Box, STREET SUITE 212
NORWALK, CT 06850

City, State, Zip+4®



Code: 2015-0400TD

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit our website at www.usps.com®

9214 7969 0099 9790 1717 9424 16

Certified Mail Fee

\$3.45

\$

Extra Services & Fees (check box, add fee as appropriate)

\$2.80

- Return Receipt (hardcopy) \$ _____
- Return Receipt (electronic) \$ _____
- Certified Mail Restricted Delivery \$ \$0.00
- Adult Signature Required \$ _____
- Adult Signature Restricted Delivery \$ _____

Postage

\$0.485

\$

Total Postage and Fees

\$6.735

\$

Sent To

THE FEDERAL DEPOSIT INSURANCE
CORPORATION

Street and Apt. No., or **AS RECEIVER FOR FLORIDA COMMUNITY BANK**

550 17TH STREET NW

City, State, Zip+4® WASHINGTON, DC, 204290002



Code: 2015-0400TD

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT

Domestic Mail Only

For delivery information, visit our website at www.usps.com®

9214 7969 0099 9790 1717 9441 20

Certified Mail Fee
\$3.45

\$

Extra Services & Fees (check box, add \$2.80 appropriate)

- Return Receipt (hardcopy) \$ _____
- Return Receipt (electronic) \$ _____
- Certified Mail Restricted Delivery \$ **\$0.00**
- Adult Signature Required \$ _____
- Adult Signature Restricted Delivery \$ _____

Postage **\$0.485**

\$

Total Postage and Fees **\$6.75**

\$

Sent To **OCCUPANT**
13680 NW 5TH ST

Street and Apt. No., or P.O. No.
SUNRISE, FL 333256234

City, State, Zip+4®



Code: 2015-0400TD

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT

Domestic Mail Only

For delivery information, visit our website at www.usps.com®

9214 7969 0099 9790 1717 9441 37

Certified Mail Fee
\$3.45

Extra Services & Fees (check box, add ~~\$2.80~~ appropriate)

- Return Receipt (hardcopy) \$ _____
 Return Receipt (electronic) \$ _____
 Certified Mail Restricted Delivery **\$0.00**
 Adult Signature Required \$ _____
 Adult Signature Restricted Delivery \$ _____

Postage **\$0.485**

Total Postage & Fees
\$3.935



Sent To **OCCUPANT**
255 ALHAMBRA CIRCLE
Street and Apt. No., or **PO Box 325**
CORAL GABLES, FL 33134

City, State, Zip+4®

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT

Domestic Mail Only

For delivery information, visit our website at www.usps.com®

9214 7969 0099 9790 1717 9441 44

Certified Mail Fee
\$3.45

\$

Extra Services & Fees (check box, add \$2.80 appropriate)

- Return Receipt (hardcopy) \$ _____
- Return Receipt (electronic) \$ _____
- Certified Mail Restricted Delivery \$ **\$0.00**
- Adult Signature Required \$ _____
- Adult Signature Restricted Delivery \$ _____

Postage **\$0.485**

\$

Total Postage and Fees
\$6.735

\$

Sent To **OCCUPANT
75 ISLE OF VENICE**

Street and Apt. No., or **FOR LAUDERDALE, FL 33301**

City, State, Zip+4®



Code: 2015-0400TD

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

OCCUPANT
 13680 NW 5TH ST
 STE 100
 SUNRISE, FL 333256234



9290 9969 0099 9717 9441 38

2. Article Number (Transfer from service label)

9214 7969 0099 9790 1717 9441 20

COMPLETE THIS SECTION ON DELIVERY**A. Signature**

X

- Agent
 Addressee

B. Received by (Printed Name)**C. Date of Delivery**

- D. Is delivery address different from item 1?** Yes
 If YES enter delivery address below: No

3. Service Type

- | | |
|--|---|
| <input type="checkbox"/> Adult Signature | <input type="checkbox"/> Priority Mail Express® |
| <input type="checkbox"/> Adult Signature Restricted Delivery | <input type="checkbox"/> Registered Mail™ |
| <input type="checkbox"/> Certified Mail® | <input type="checkbox"/> Registered Mail Restricted Delivery |
| <input type="checkbox"/> Certified Mail Restricted Delivery | <input type="checkbox"/> Return Receipt for Merchandise |
| <input type="checkbox"/> Collect on Delivery | <input type="checkbox"/> Signature Confirmation™ |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery | <input type="checkbox"/> Signature Confirmation Restricted Delivery |
| <input type="checkbox"/> Insured Mail | |
| <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500) | |

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

CB INTERNATIONAL INVESTMENTS
 PO BOX 643248
 VERO BEACH, FL 329649950



9290 9969 0099 9717 9422 02

2. Article Number (Transfer from service label)

9214 7969 0099 9790 1717 9421 95

COMPLETE THIS SECTION ON DELIVERY**A. Signature**

- Agent
 Addressee

B. Received by (Printed Name)

Max Molter

C. Date of Delivery

- D. Is delivery address different from item 1?** Yes
 If YES enter delivery address below: No

643248

3. Service Type

- | | |
|--|---|
| <input type="checkbox"/> Adult Signature | <input type="checkbox"/> Priority Mail Express® |
| <input type="checkbox"/> Adult Signature Restricted Delivery | <input type="checkbox"/> Registered Mail™ |
| <input type="checkbox"/> Certified Mail® | <input type="checkbox"/> Registered Mail Restricted Delivery |
| <input type="checkbox"/> Certified Mail Restricted Delivery | <input type="checkbox"/> Return Receipt for Merchandise |
| <input type="checkbox"/> Collect on Delivery | <input type="checkbox"/> Signature Confirmation™ |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery | <input type="checkbox"/> Signature Confirmation Restricted Delivery |
| <input type="checkbox"/> Insured Mail | |
| <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500) | |

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

FLORIDA COMMUNITY BANK
 1255 TAMIAMI TRL
 PORT CHARLOTTE, FL 339533814



9290 9969 0099 9717 9423 94

2. Article Number (Transfer from service label)

9214 7969 0099 9790 1717 9423 86

COMPLETE THIS SECTION ON DELIVERY**A. Signature**

X *[Handwritten Signature]*

- Agent
- Addressee

B. Received by (Printed Name)

Ana Rivera

C. Date of Delivery

4/7/14

- D. Is delivery address different from item 1?** Yes
 If YES enter delivery address below: No

3. Service Type

- Adult Signature
- Adult Signature Restricted Delivery
- Certified Mail®
- Certified Mail Restricted Delivery
- Collect on Delivery
- Collect on Delivery Restricted Delivery
- Insured Mail
- Insured Mail Restricted Delivery (over \$500)
- Priority Mail Express®
- Registered Mail™
- Registered Mail Restricted Delivery
- Return Receipt for Merchandise
- Signature Confirmation™
- Signature Confirmation Restricted Delivery

SENDER: COMPLETE THIS SECTION.

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

BUILDERS PROPERTY GROUP LLC
13680 NW 5TH ST
STE 100
SUNRISE, FL 333256234



9290 9969 0099 9717 9422 19

2. Article Number (Transfer from service label)

9214 7969 0099 9790 1717 9422 01

COMPLETE THIS SECTION ON DELIVERY

A. Signature

-
- Agent
-
-
- Addressee

B. Received by (Printed Name)

C. Date of Delivery

- D. Is delivery address different from item 1? Yes
 If YES enter delivery address below: No

3. Service Type

- | | |
|--|---|
| <input type="checkbox"/> Adult Signature | <input type="checkbox"/> Priority Mail Express® |
| <input type="checkbox"/> Adult Signature Restricted Delivery | <input type="checkbox"/> Registered Mail™ |
| <input type="checkbox"/> Certified Mail® | <input type="checkbox"/> Registered Mail Restricted Delivery |
| <input type="checkbox"/> Certified Mail Restricted Delivery | <input type="checkbox"/> Return Receipt for Merchandise |
| <input type="checkbox"/> Collect on Delivery | <input type="checkbox"/> Signature Confirmation™ |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery | <input type="checkbox"/> Signature Confirmation Restricted Delivery |
| <input type="checkbox"/> Insured Mail | |
| <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500) | |



ANGELA VICK

CLERK OF CIRCUIT COURT & COMPTROLLER
110 NORTH APOPKA AVENUE
INVERNESS, FLORIDA 34450-4299

Hasler

FIRST-CLASS MAIL

04/05/2016

US-POSTAGE

\$00.48⁵



ZIP 34450
011D11644143

[Large handwritten signature]

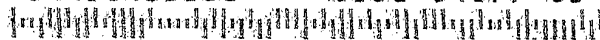
2015-0400TD
BUILDERS PROPERTY GROUP LLC
255 ALHAMBRA CIRCLE
SUITE 325
CORAL GABLES, FL 33134

NIXIE 433 DE 1 0004/10/16

RETURN TO SENDER
NOT DELIVERABLE AS ADDRESSED
UNABLE TO FORWARD

3313487402 C
3445004299

EC: 34450429909 0538-04077-05-44





ANGELA VICK

CLERK OF CIRCUIT COURT & COMPTROLLER
110 NORTH APOPKA AVENUE
INVERNESS, FLORIDA 34450-4299

Hasler

FIRST-CLASS MAIL

04/05/2016

US POSTAGE

\$00.48⁵



ZIP 34450
011D11644143

2015-0400TD
OCCUPANT
255 ALHAMBRA CIRCLE
SUITE 325
CORAL GABLES, FL 33134

NIXTE 383 DE 1 0004/10/16

RETURN TO SENDER
NOT DELIVERABLE AS ADDRESSED
UNABLE TO FORWARD

BC: 34450429999 *0198-08559-10-14

3445042999

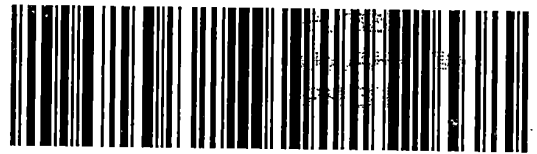




ANGELA VICK

CLERK OF CIRCUIT COURT & COM
110 NORTH APOPKA AVENUE
INVERNESS, FLORIDA 34450-429

INVERNESS



9214 7969 0099 9790 1717 9423 93

Hasler

04/05/2016

US POSTAGE

FIRST-CLASS MAIL

\$06.73⁵



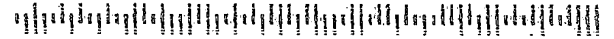
ZIP 34450
011D11644143

RADC/CADC VENTURE 2010-2 LLC
2450 BROADWAY
6TH FLOOR
SANTA MONICA, CA 90404

NIXIE 913 SE 1 0004/11/16

RETURN TO SENDER
NOT DELIVERABLE AS ADDRESSED
UNABLE TO FORWARD

EC: 34450429999 #1000-10044-05-42



PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS FOLD AT BOTTOM LINE

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

RADC/CADC VENTURE 2010-2 LLC
 2450 BROADWAY
 6TH FLOOR
 SANTA MONICA, CA 90404



2. Article Number (Transfer from service label)

9214 7969 0099 9790 1717 9423 93

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

Agent

Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? Yes
 If YES enter delivery address below: No

3. Service Type

- Adult Signature
- Adult Signature Restricted Delivery
- Certified Mail®
- Certified Mail Restricted Delivery
- Collect on Delivery
- Collect on Delivery Restricted Delivery
- Insured Mail
- Insured Mail Restricted Delivery (over \$500)

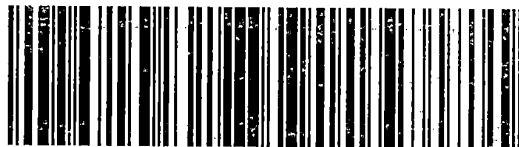
- Priority Mail Express®
- Registered Mail™
- Registered Mail Restricted Delivery
- Return Receipt for Merchandise
- Signature Confirmation™
- Signature Confirmation Restricted Delivery

Batch #: 366,152
 Article #: 92147969009997901717942393
 Date/Time:
 Code: 2015-0400TD

Internal File #:
 Internal Code:



ANGELA VICK
CLERK OF CIRCUIT COURT & COM
110 NORTH APOPKA AVENUE
INVERNESS, FLORIDA 34450-42



9214 7969 0099 9790 1717 9441 37

Hasler

04/05/2016

US POSTAGE

FIRST-CLASS MAIL

\$06.73⁵



ZIP 34450
011D11644143

OCCUPANT
255 ALHAMBRA CIRCLE
SUITE 325
CORAL GABLES, FL 33134

NIXIE 333 OF 1 0004/10/16

RETURN TO SENDER
NOT DELIVERABLE AS ADDRESSED
UNABLE TO FORWARD

BC: 34450420996 *9038-13391-05-43

301042741
145004299



PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT
OF THE RETURN ADDRESS, FOLD AT DOTTED LINE**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

OCCUPANT
255 ALHAMBRA CIRCLE
SUITE 325
CORAL GABLES, FL 33134



9290 9969 0099 9717 9441 45

2. Article Number (Transfer from service label)

9214 7969 0099 9790 1717 9441 37

PS Form 3811, April 2015 PSN:7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

 Agent Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? Yes
If YES enter delivery address below: No

3. Service Type

- | | |
|--|---|
| <input type="checkbox"/> Adult Signature | <input type="checkbox"/> Priority Mail Express® |
| <input type="checkbox"/> Adult Signature Restricted Delivery | <input type="checkbox"/> Registered Mail™ |
| <input type="checkbox"/> Certified Mail® | <input type="checkbox"/> Registered Mail Restricted Delivery |
| <input type="checkbox"/> Certified Mail Restricted Delivery | <input type="checkbox"/> Return Receipt for Merchandise |
| <input type="checkbox"/> Collect on Delivery | <input type="checkbox"/> Signature Confirmation™ |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery | <input type="checkbox"/> Signature Confirmation Restricted Delivery |
| <input type="checkbox"/> Insured Mail | |
| <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500) | |

Domestic Return Receipt

Batch #: 365,152

Article #: 92147969009997901717944137

Date/Time:

Code: 2015-0400TD

Internal File #:
Internal Code:



ANGELA VICK
CLERK OF CIRCUIT COURT & CO
110 NORTH APOPKA AVENUE
INVERNESS, FLORIDA 34450-42

CERTIFIED MAIL™

JACKSONVILLE



9214 7969 0099 9790 1717 9422 08

Hasler

04/05/2016

US POSTAGE

FIRST-CLASS MAIL

\$06.73⁵



ZIP 34450
011D11644143

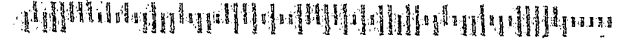
**BUILDERS PROPERTY GROUP LLC
255 ALHAMBRA CIRCLE
SUITE 325
CORAL GABLES, FL 33134**

NIXIE 33 SE 1 0004/10/16

RETURN TO SENDER
NOT DELIVERABLE AS ADDRESSED
UNABLE TO FORWARD

3313474177
34450@4299

BC: 34450420000 *1838-09753-05-42



PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

BUILDERS PROPERTY GROUP LLC
 255 ALHAMBRA CIRCLE
 SUITE 325
 CORAL GABLES, FL 33134



9290 9969 0099 9717 9422 26

2. Article Number (Transfer from service label)

9214 7969 0099 9790 1717 9422 18

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee
X

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? Yes
 If YES enter delivery address below: No

3. Service Type
- | | |
|--|---|
| <input type="checkbox"/> Adult Signature | <input type="checkbox"/> Priority Mail Express® |
| <input type="checkbox"/> Adult Signature Restricted Delivery | <input type="checkbox"/> Registered Mail™ |
| <input type="checkbox"/> Certified Mail® | <input type="checkbox"/> Registered Mail Restricted Delivery |
| <input type="checkbox"/> Certified Mail Restricted Delivery | <input type="checkbox"/> Return Receipt for Merchandise |
| <input type="checkbox"/> Collect on Delivery | <input type="checkbox"/> Signature Confirmation™ |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery | <input type="checkbox"/> Signature Confirmation Restricted Delivery |
| <input type="checkbox"/> Insured Mail | |
| <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500) | |

Batch #: 366,152
 Article #: 92147969009997901717942218
 Date/Time:
 Code: 2015-0400TD

Internal File #:
 Internal Code:

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

NCP FUND I HOLDINGS INC
 ATTN: MARSHALL BURCHARD
 64 WALL STREET SUITE 212
 NORWALK, CT 06850



9290 9969 0099 9717 9424 17

2. Article Number (Transfer from service label)

9214 7969 0099 9790 1717 9424 09

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

-
- Agent
-
-
- Addressee

B. Received by (Printed Name)

C. Date of Delivery

- D. Is delivery address different from item 1? Yes
 If YES enter delivery address below: No

3. Service Type

- | | |
|--|---|
| <input type="checkbox"/> Adult Signature | <input type="checkbox"/> Priority Mail Express® |
| <input type="checkbox"/> Adult Signature Restricted Delivery | <input type="checkbox"/> Registered Mail™ |
| <input type="checkbox"/> Certified Mail® | <input type="checkbox"/> Registered Mail Restricted Delivery |
| <input type="checkbox"/> Certified Mail Restricted Delivery | <input type="checkbox"/> Return Receipt for Merchandise |
| <input type="checkbox"/> Collect on Delivery | <input type="checkbox"/> Signature Confirmation™ |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery | <input type="checkbox"/> Signature Confirmation Restricted Delivery |
| <input type="checkbox"/> Insured Mail | |
| <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500) | |

UNITED STATES POSTAL SERVICE

Code: 2015-0400TD



First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

• Sender: Please print your name, address, and ZIP+4® in this box •

TAX DEED 1112
ANGELA VICK
CLERK OF CIRCUIT COURT
110 N Apopka Ave
Inverness, FL 34450



9290 9969 0099 9717 9424 17

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

Article Addressed to:

BUILDERS PROPERTY GROUP LLC
 REGISTERED AGENT JAY FERTIG
 C/O BAYSHORE LAND GROUP 75 ISLE OF VENICE
 FORT LAUDERDALE, FL 33301



9290 9969 0099 9717 9422 33

Article Number (Transfer from service label)

9214 7969 0099 9790 1717 9422 25

SI Form 3811 April 2015 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

-
- Agent
-
-
- Addressee

B. Received by (Printed Name)

C. Date of Delivery

3/21

 D. Is delivery address different from item 1? Yes
 If YES enter delivery address below: No

3. Service Type

- | | |
|--|---|
| <input type="checkbox"/> Adult Signature | <input type="checkbox"/> Priority Mail Express® |
| <input type="checkbox"/> Adult Signature Restricted Delivery | <input type="checkbox"/> Registered Mail™ |
| <input type="checkbox"/> Certified Mail® | <input type="checkbox"/> Registered Mail Restricted Delivery |
| <input type="checkbox"/> Certified Mail Restricted Delivery | <input type="checkbox"/> Return Receipt for Merchandise |
| <input type="checkbox"/> Collect on Delivery | <input type="checkbox"/> Signature Confirmation™ |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery | <input type="checkbox"/> Signature Confirmation Restricted Delivery |
| <input type="checkbox"/> Insured Mail | |
| <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500) | |

Domestic Return Receipt

UNITED STATES POSTAL SERVICE

Code: 2015-0400TD



First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

• Sender: Please print your name, address, and ZIP+4® in this box •

**TAX DEED 1112
ANGELA VICK
CLERK OF CIRCUIT COURT
110 N Apopka Ave
Inverness, FL 34450**



9290 9969 0099 9717 9422 33

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

Article Addressed to:

OCCUPANT
75 ISLE OF VENICE
FORT LAUDERDALE, FL 33301



9290 9969 0099 9717 9441 52

Article Number (Transfer from service label)

3214 7969 0099 9790 1717 9441 44

E Form 3844 April 2015 PSN 7520 02 00010052

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

-
- Agent
-
-
- Addressee

B. Received by (Printed Name)

C. Date of Delivery

- D. Is delivery address different from item 1? Yes
 If YES enter delivery address below: No

3. Service Type

- | | |
|--|---|
| <input type="checkbox"/> Adult Signature | <input type="checkbox"/> Priority Mail Express® |
| <input type="checkbox"/> Adult Signature Restricted Delivery | <input type="checkbox"/> Registered Mail™ |
| <input type="checkbox"/> Certified Mail® | <input type="checkbox"/> Registered Mail Restricted Delivery |
| <input type="checkbox"/> Certified Mail Restricted Delivery | <input type="checkbox"/> Return Receipt for Merchandise |
| <input type="checkbox"/> Collect on Delivery | <input type="checkbox"/> Signature Confirmation™ |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery | <input type="checkbox"/> Signature Confirmation Restricted Delivery |
| <input type="checkbox"/> Insured Mail | |
| <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500) | |

Domestic Return Receipt

UNITED STATES POSTAL SERVICE

Code: 2015-0400TD



First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

• Sender: Please print your name, address, and ZIP+4® in this box •

**TAX DEED 1112
ANGELA VICK
CLERK OF CIRCUIT COURT
110 N Apopka Ave
Inverness, FL 34450**



9290 9969 0099 9717 9441 52