

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ■ 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. 	<p>A. Signature <input checked="" type="checkbox"/> <i>Bobbe Pound</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (<i>Printed Name</i>) BOBBE POUND</p> <p>C. Date of Delivery 11.15.10</p>
<p>1. Article Addressed to:</p> <p>Lynette Norr Assistant General Counsel Department of Community Affairs 2555 Shumard Oak Boulevard Tallahassee, FL 32399-2100</p> <p><i>CPA 2008-06</i></p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input checked="" type="checkbox"/> No</p> <p>3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (<i>Extra Fee</i>) <input type="checkbox"/> Yes</p>
<p>2. Article Number (Transfer from service label)</p>	<p>7007 0710 0005 1078 6984</p>
<p>PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540</p>	

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<p>1. Article Addressed to:</p> <p>Thomas W. Reese 2951 61st Avenue South St. Petersburg, FL 33712-4539</p> <p><i>CPA 2008-06</i></p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> <p>3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (<i>Extra Fee</i>) <input type="checkbox"/> Yes</p>
<p>2. Article Number (Transfer from service label)</p>	<p>7007 0710 0005 1078 6977</p>
<p>PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540</p>	

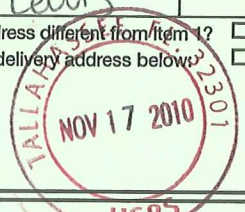
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1. Article Addressed to: Kenneth G. Oertel Oertel, Fernandez, Cole, & Bryant, PA 301 South Bronough Street P.O. Box 1110 Tallahassee, FL 32302 <i>CPA 2008-06</i>	B. Received by (Printed Name) <i>M. Fernandez</i>	C. Date of Delivery
	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
2. Article Number (Transfer from service label)	7007 0710 0005 1078 6960	
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1. Article Addressed to: Jason Boffey Holland & Knight, LLP 200 South Orange Avenue, Suite 2600 Orlando, FL 32801 <i>CPA 2008-06</i>	B. Received by (Printed Name) <i>MARK PERKINS</i>	C. Date of Delivery
	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
2. Article Number (Transfer from service label)	7007 0710 0005 1078 6953	
	PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540	

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1. Article Addressed to: <div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 10px auto;"> Neale Montgomery Pavese Law Firm P.O. Box 1507 Fort Myers, FL 33902 </div> <i>CPA 2008-06</i>	B. Received by (<i>Printed Name</i>) <i>AMANDA D GREENE</i>	
	C. Date of Delivery <i>11-15-10</i>	
	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
	3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
	4. Restricted Delivery? (<i>Extra Fee</i>) <input type="checkbox"/> Yes	
2. Article Number (<i>Transfer from service label</i>)		
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1. Article Addressed to: <div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 10px auto;"> Ralf G. Brookes 1217 East Cape Coral Parkway, Suite 1C Cape Coral, FL 33904-9604 </div> <i>CPA 2008-06</i>	B. Received by (<i>Printed Name</i>) <i>S. Hespe</i>	
	C. Date of Delivery <i>11-10-10</i>	
	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
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<p>1. Article Addressed to:</p> <p>Charles Basinait Henderson, Franklin, Starnes, & Holt, P.A. 1715 Monroe Street P.O. Box 280 Fort Myers, FL 33902-0280</p> <p><i>CPA 2008-06</i></p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below: _____</p> <hr/> <p>Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail</p> <p><input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number (Transfer from service label)</p>	<p>7007 0710 0005 1078 6922</p>
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<p>1. Article Addressed to:</p> <p>Susan L. Stephens Hopping, Green, & Sams, P.A. P.O. Box 6526 Tallahassee, FL 32314-6526</p> <p><i>CPA 2008-06</i></p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below: _____</p> <div style="text-align: center;">  <p>USPS</p> </div> <hr/> <p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail</p> <p><input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number (Transfer from service label)</p>	<p>7007 0710 0005 1078 6915</p>
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1. Recipient Name and Address Gregory N. Woods Grant, Fridkin, Pearson, Athan, & Crown, P.A. 5551 Ridgewood Drive, Suite 501 Naples, FL 34108-2719	B. Received by (Printed Name) <i>J. Woods</i>	C. Date of Delivery 11-10-10
CFA 2008-06	D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Enter delivery address below:	
2. Article Number (Transfer from service label)	3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D. 4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
	7007 0710 0005 1078 6908	
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