JOHN DEERE

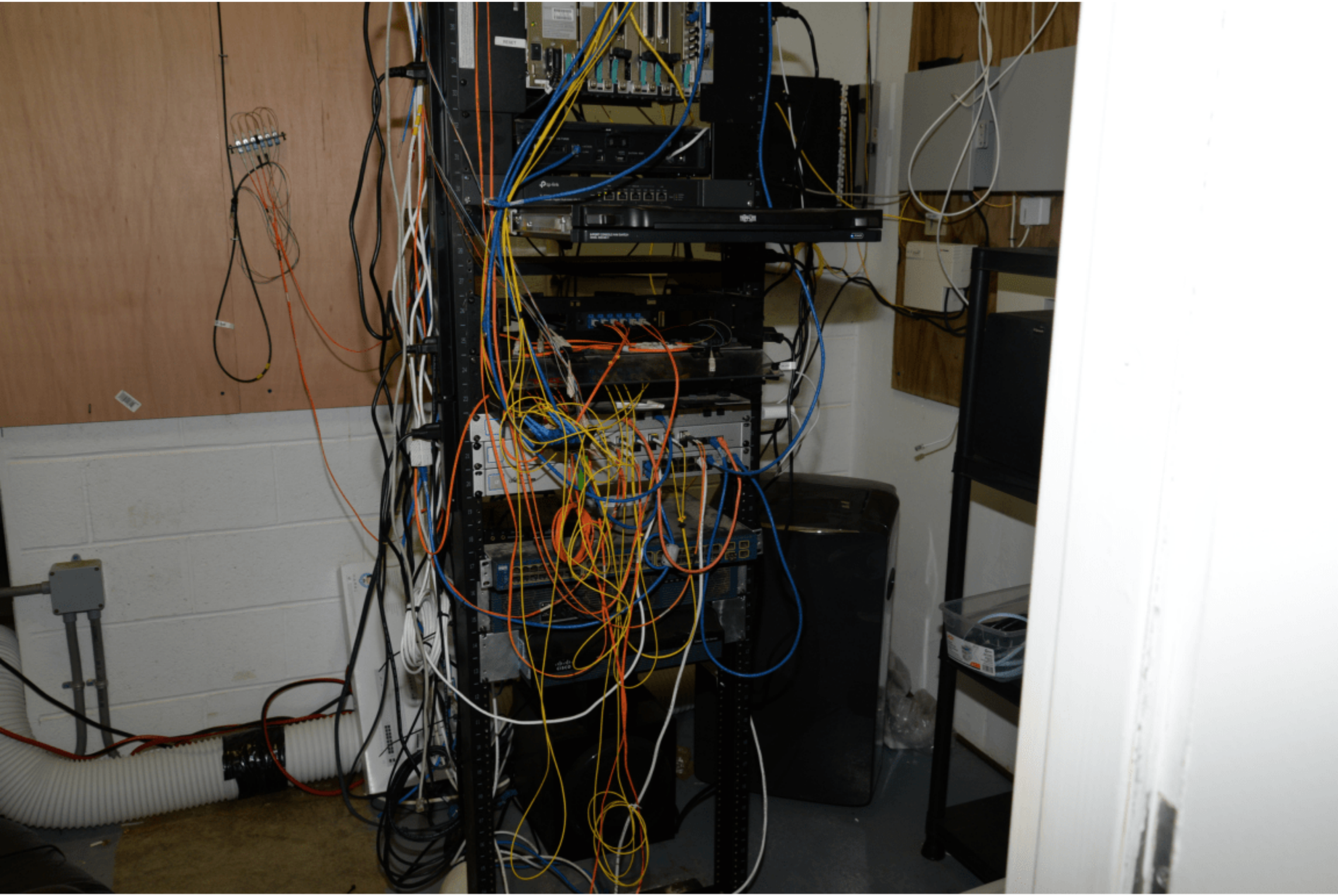
ULTRA

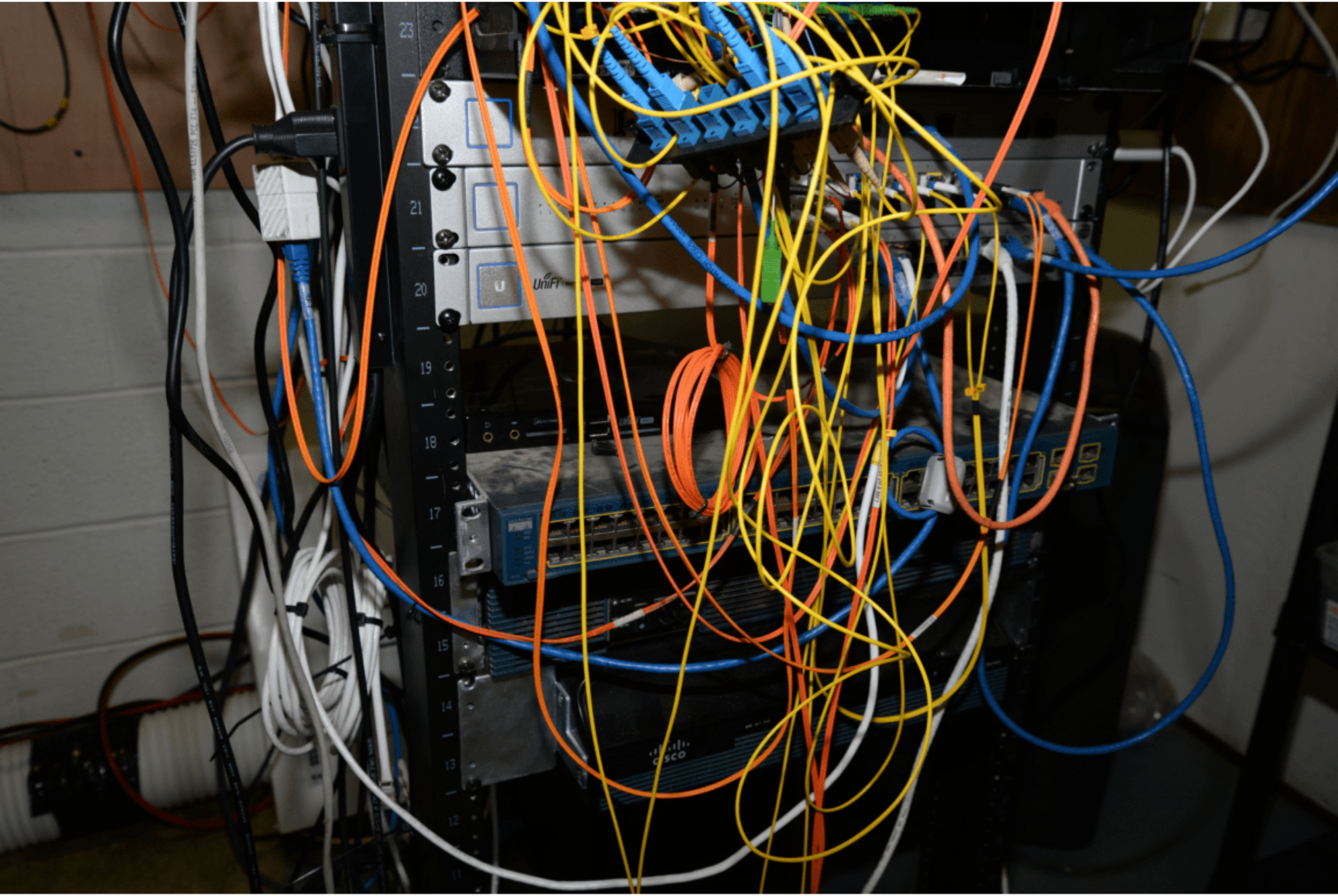
ULTRA
SPEC

EFTA00002624

Benjamin
Moore

FURNO 500
HEAT GUN
Benjamin Moore



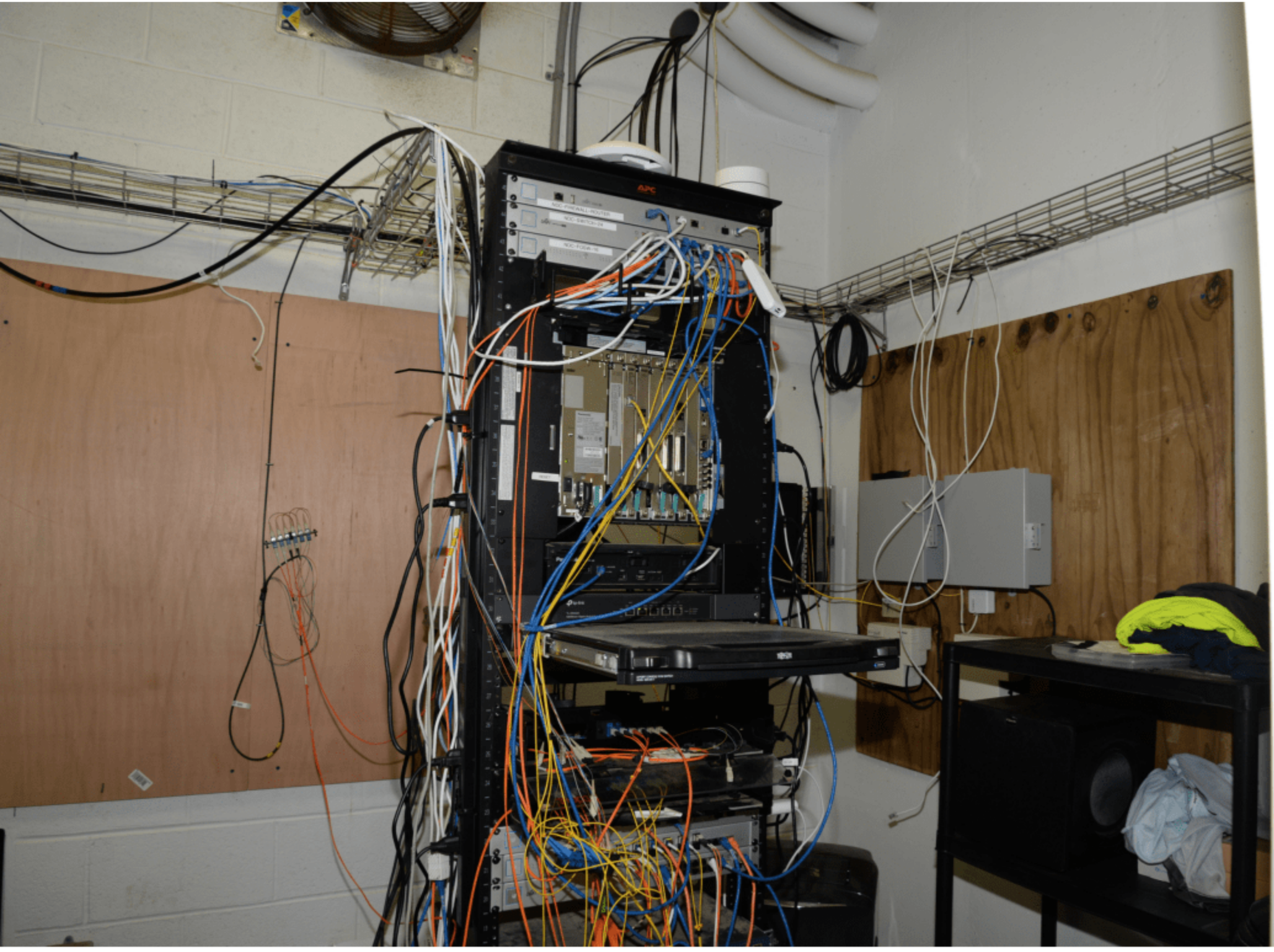


EFTA00002628

20
19
18
UniFi SWITCH 16 150W
UniFi
Cisco Systems

EFTA00002630

UNIFI
VIDEO
UBIQUITI
19V⎓3.42A


APC

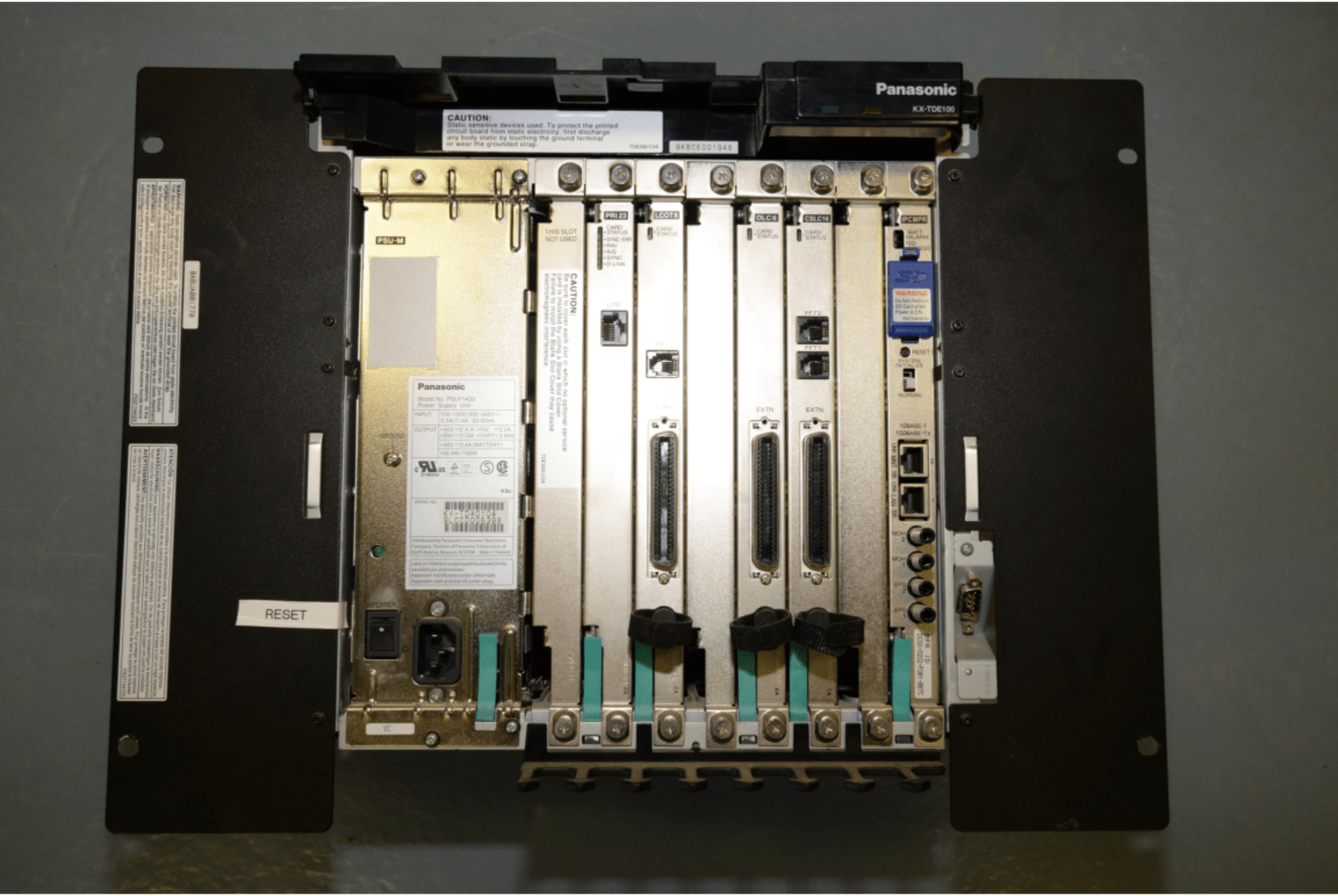
EFTA00002634

EFTA00002635

NDC-FIREWALL-ROUTER
NDC-SWITCH-24
NDC-FOSW-16
APC
UniFi
Panasonic
RESET

NDC-FIREWALL-ROUTER
NDC-SWITCH-24
CAUTION:
Panasonic
KY-TDE100
THIS SLOT
NOT USED
LCOT8
DLC8
LINE

EFTA00002640



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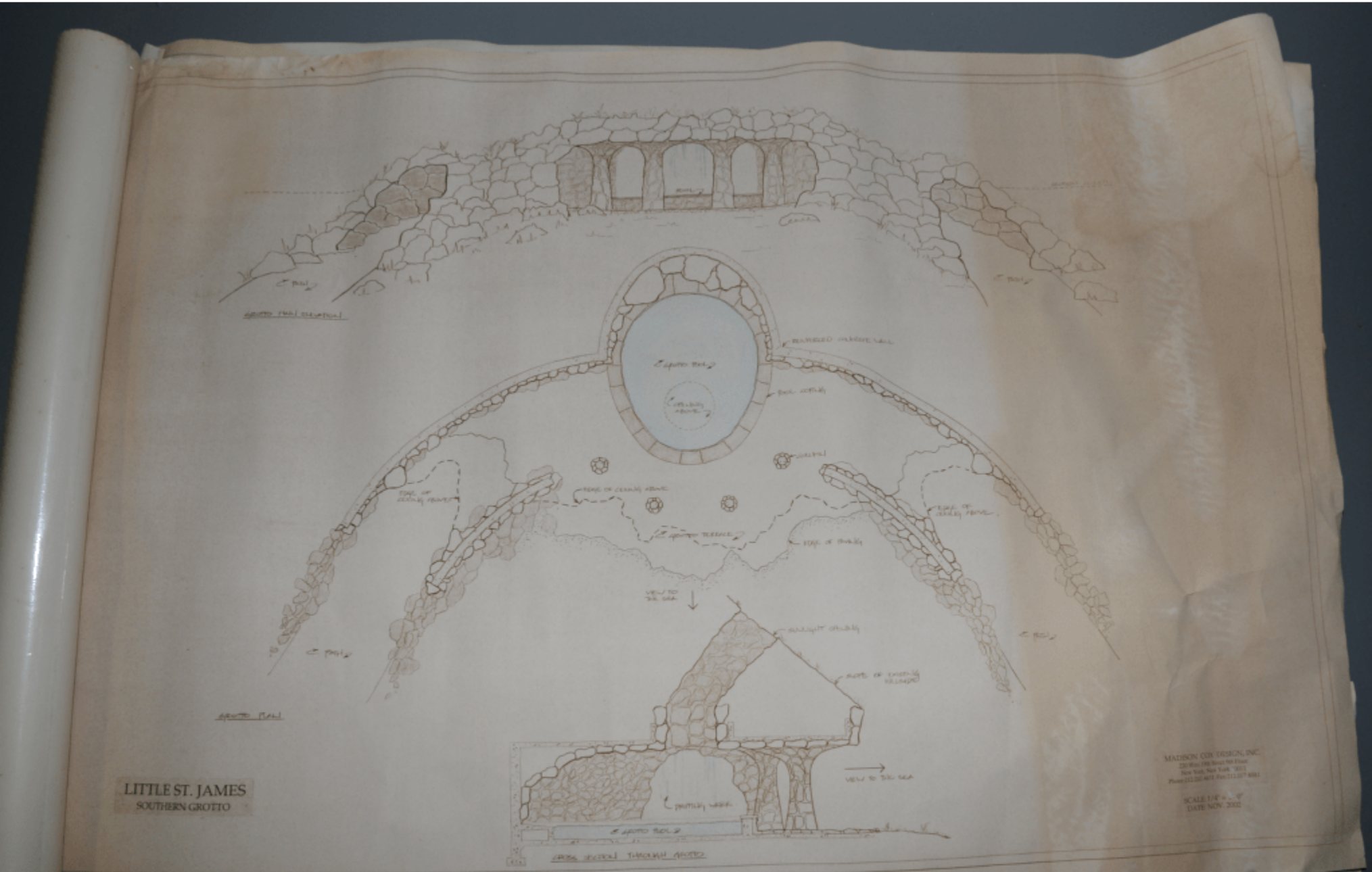
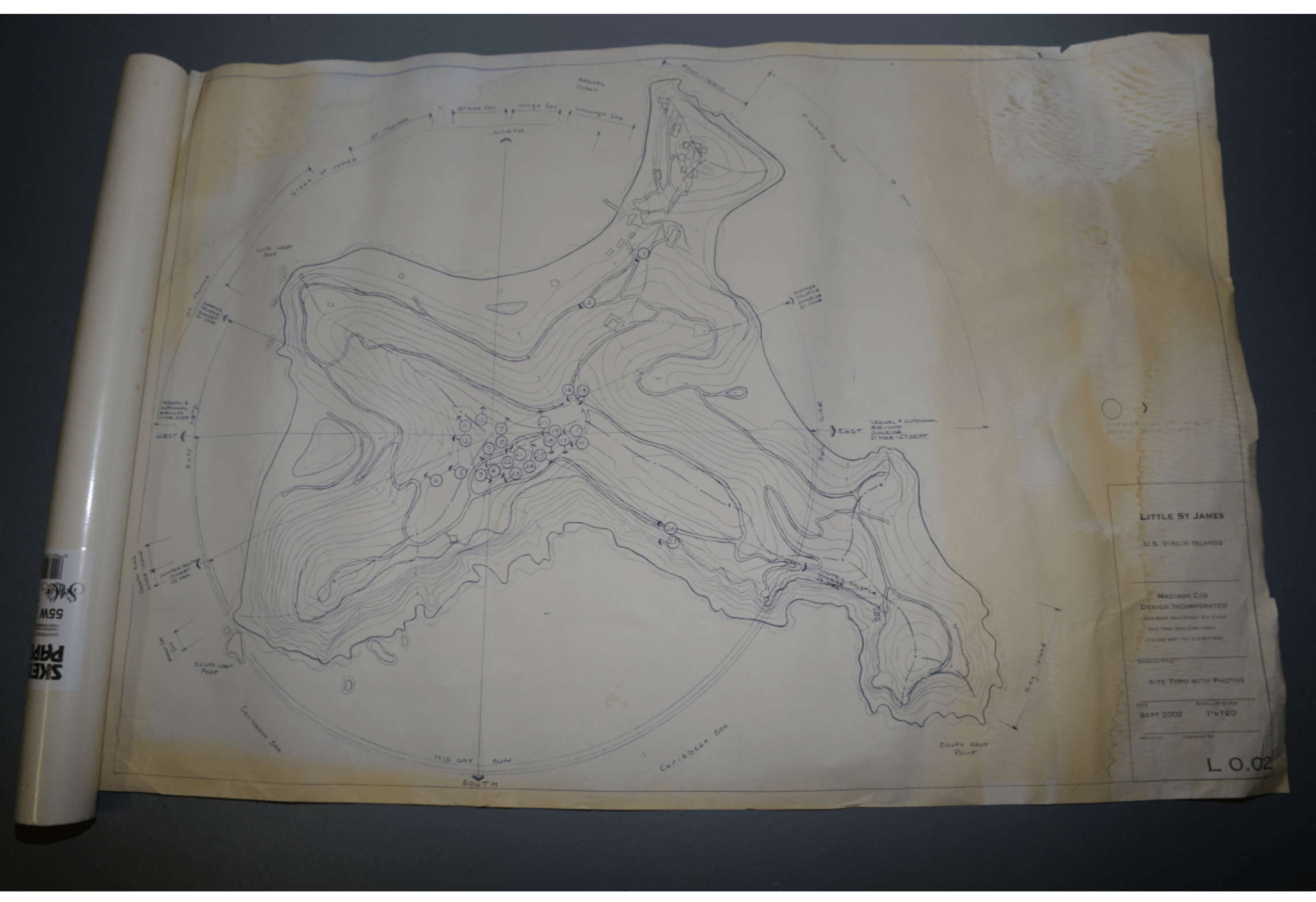


LITTLE ST. JAMES
SOUTHERN GROTTO

MADISON COX DESIGN, INC.

SCALE 1/4" = 1'-0"
DATE NOV. 2002

EFTA00002643



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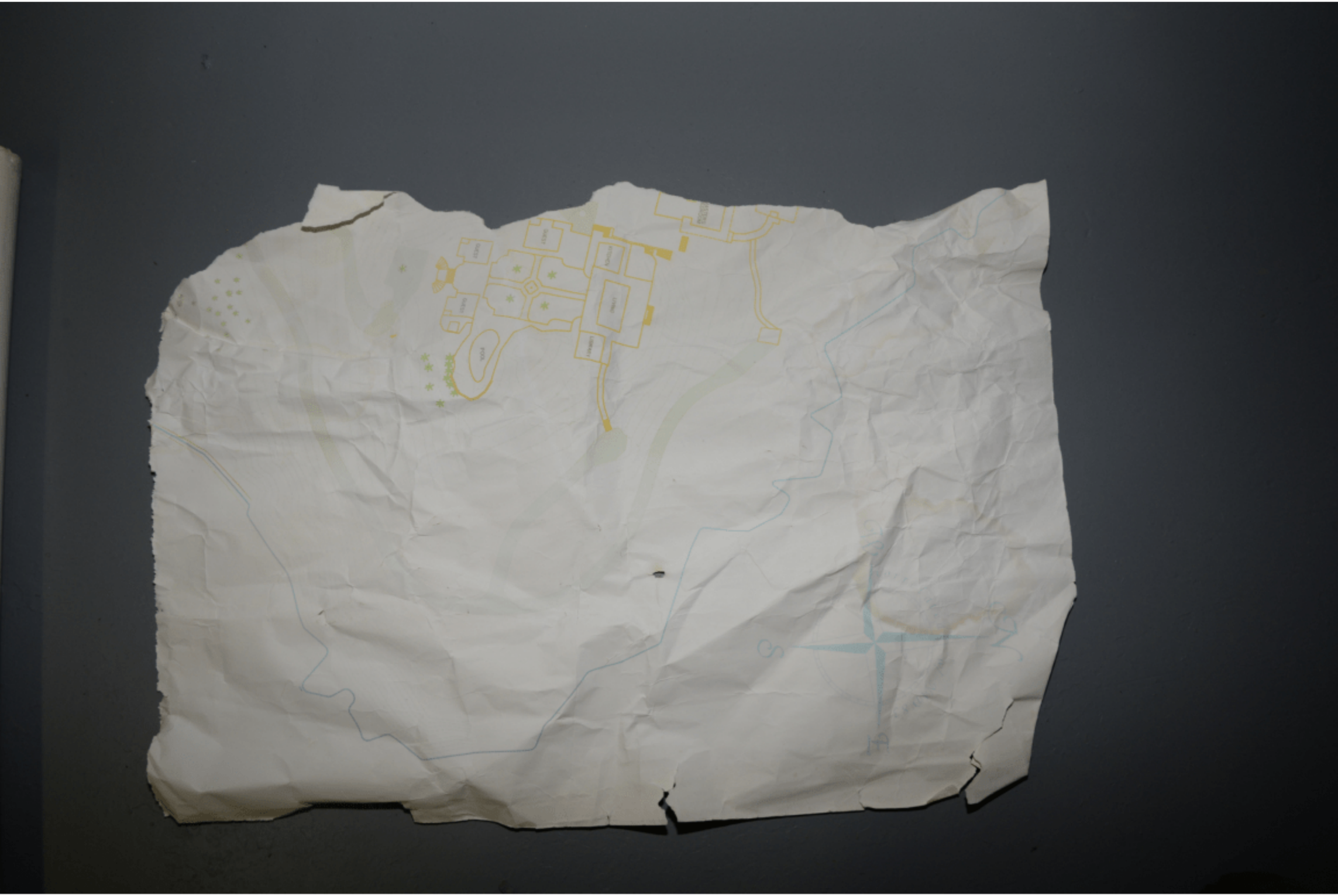
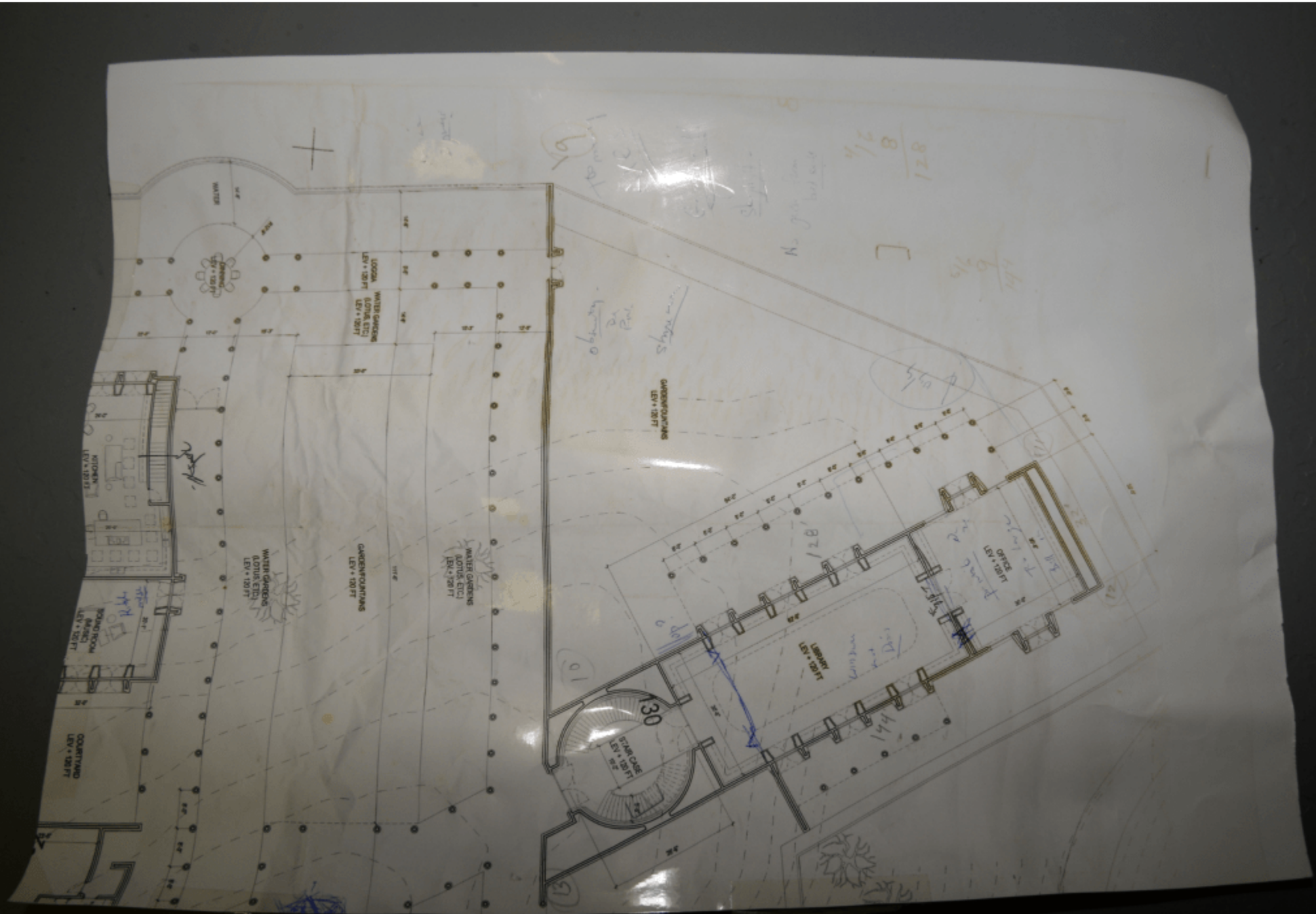
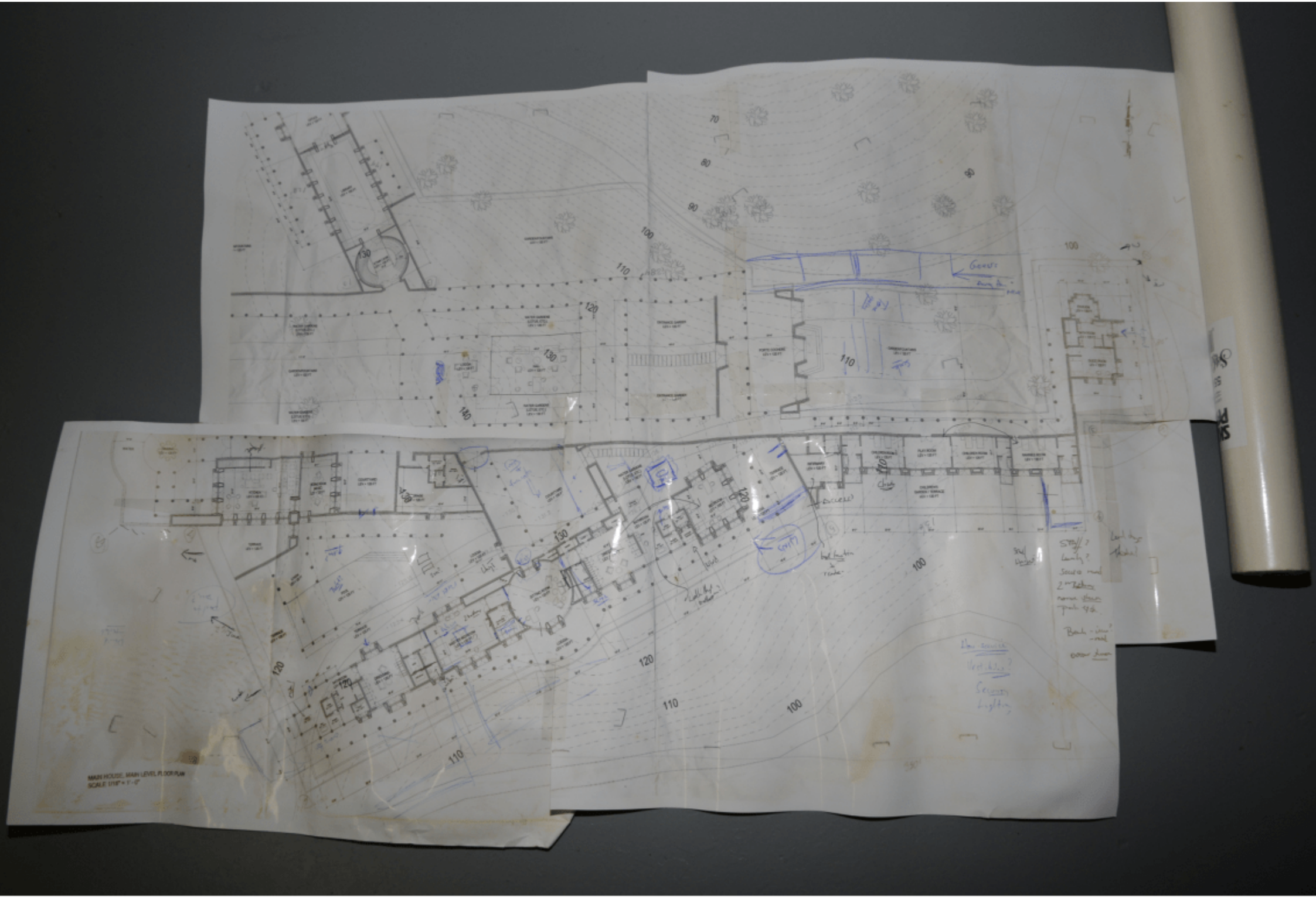




EFTA00002646

MADISON COX 2002
- NEW HOUSE PLANS (SJ
- "SOUTHERN GROTTO PROPOSAL"
- TOPO w/ astronomical markings



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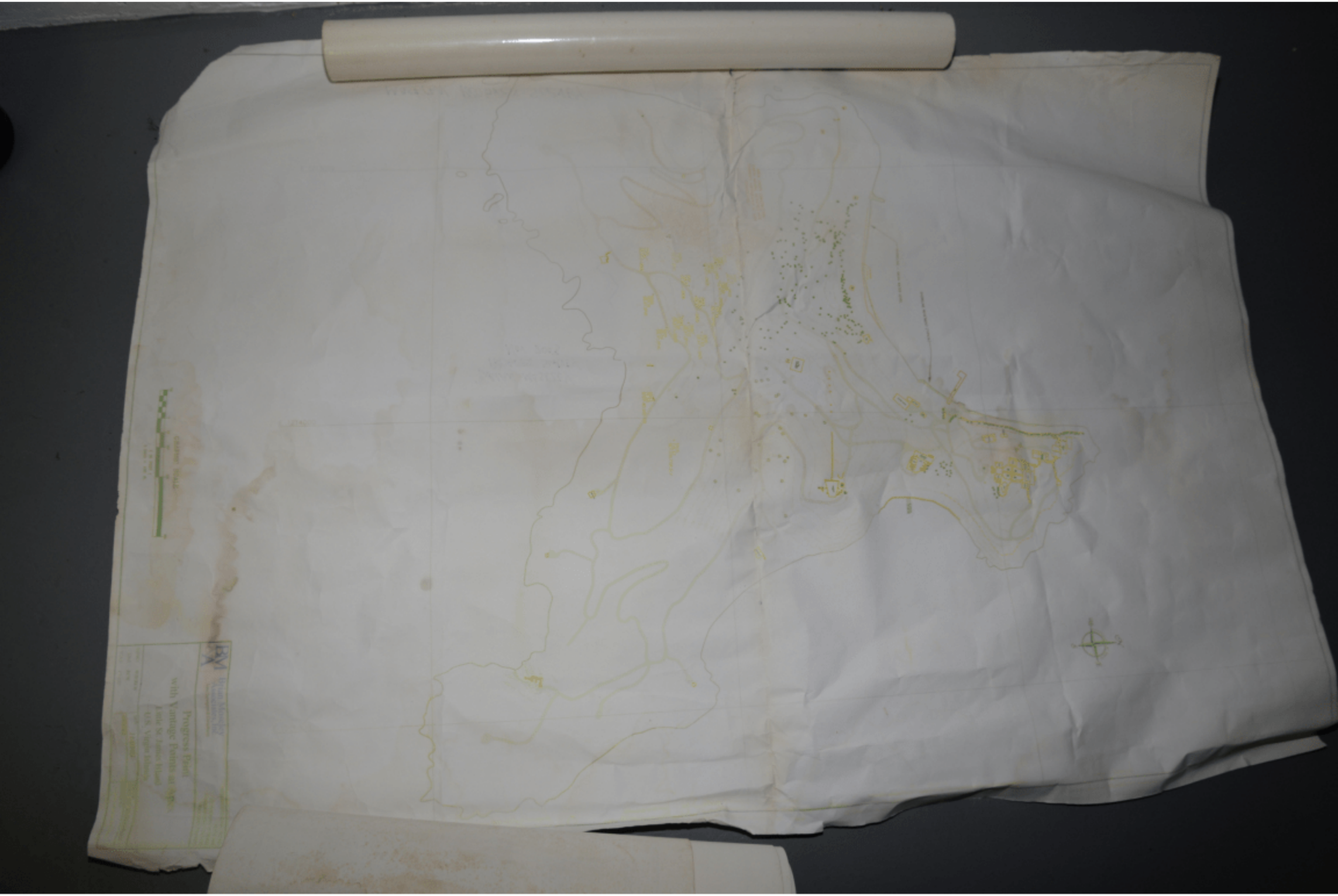

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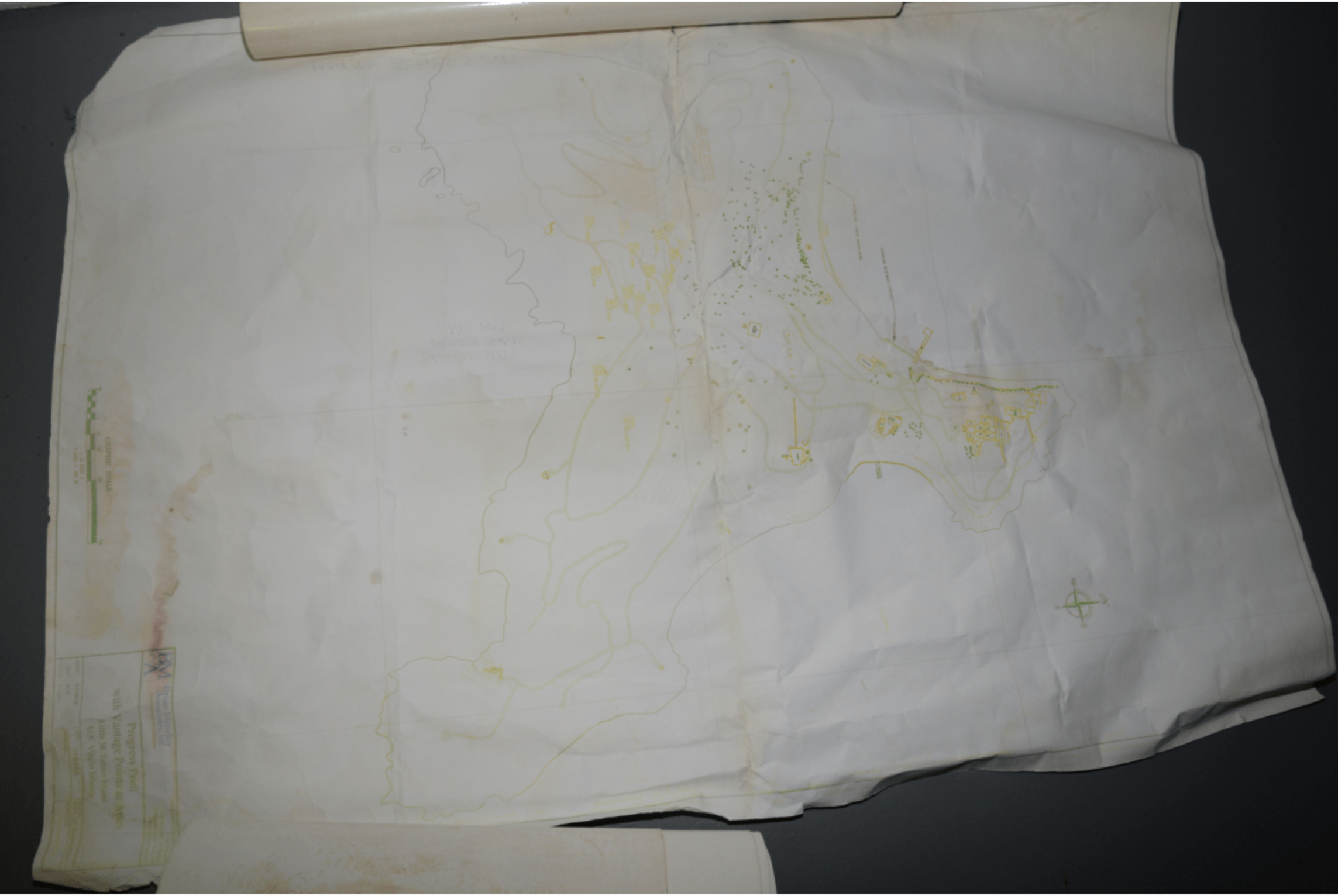
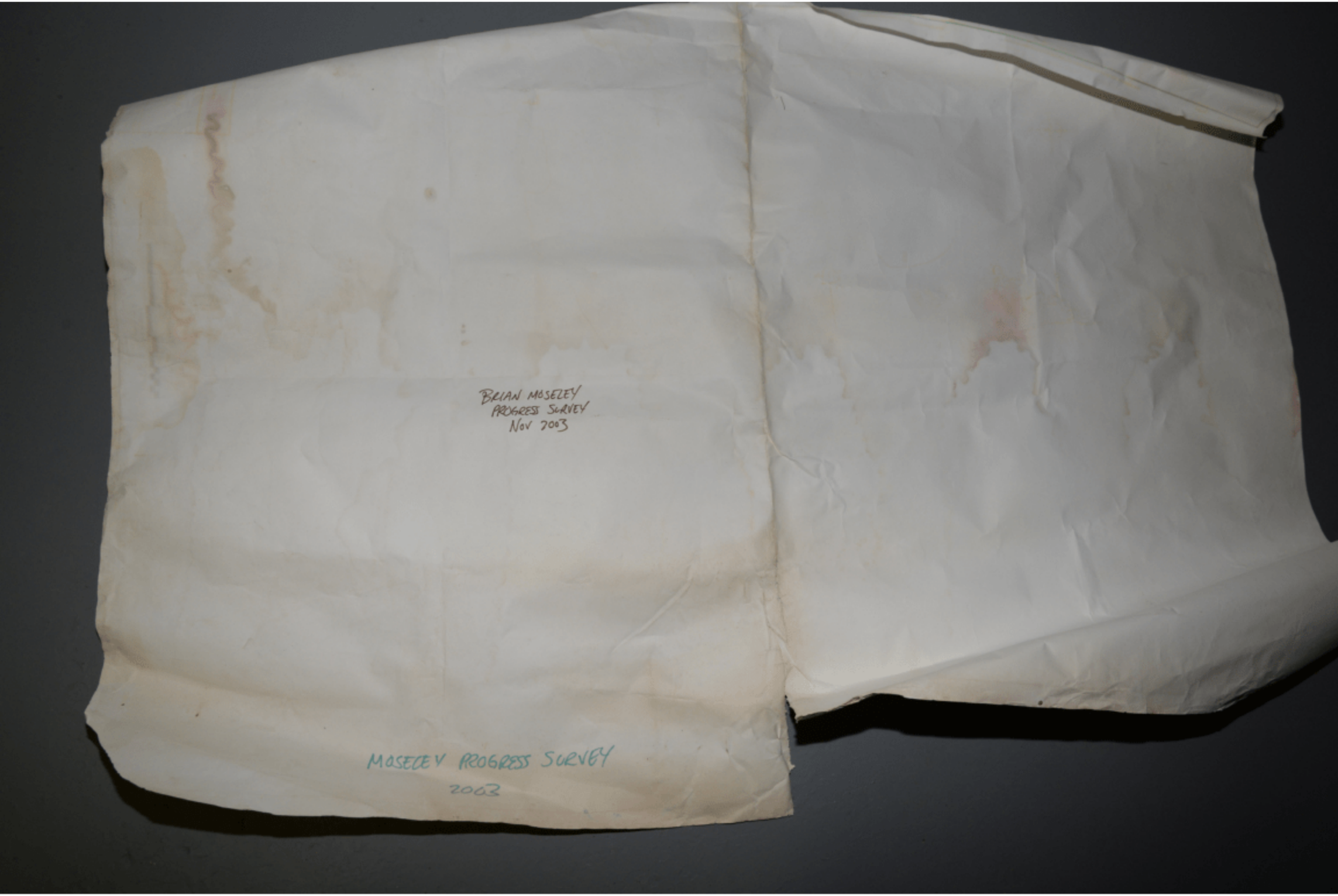
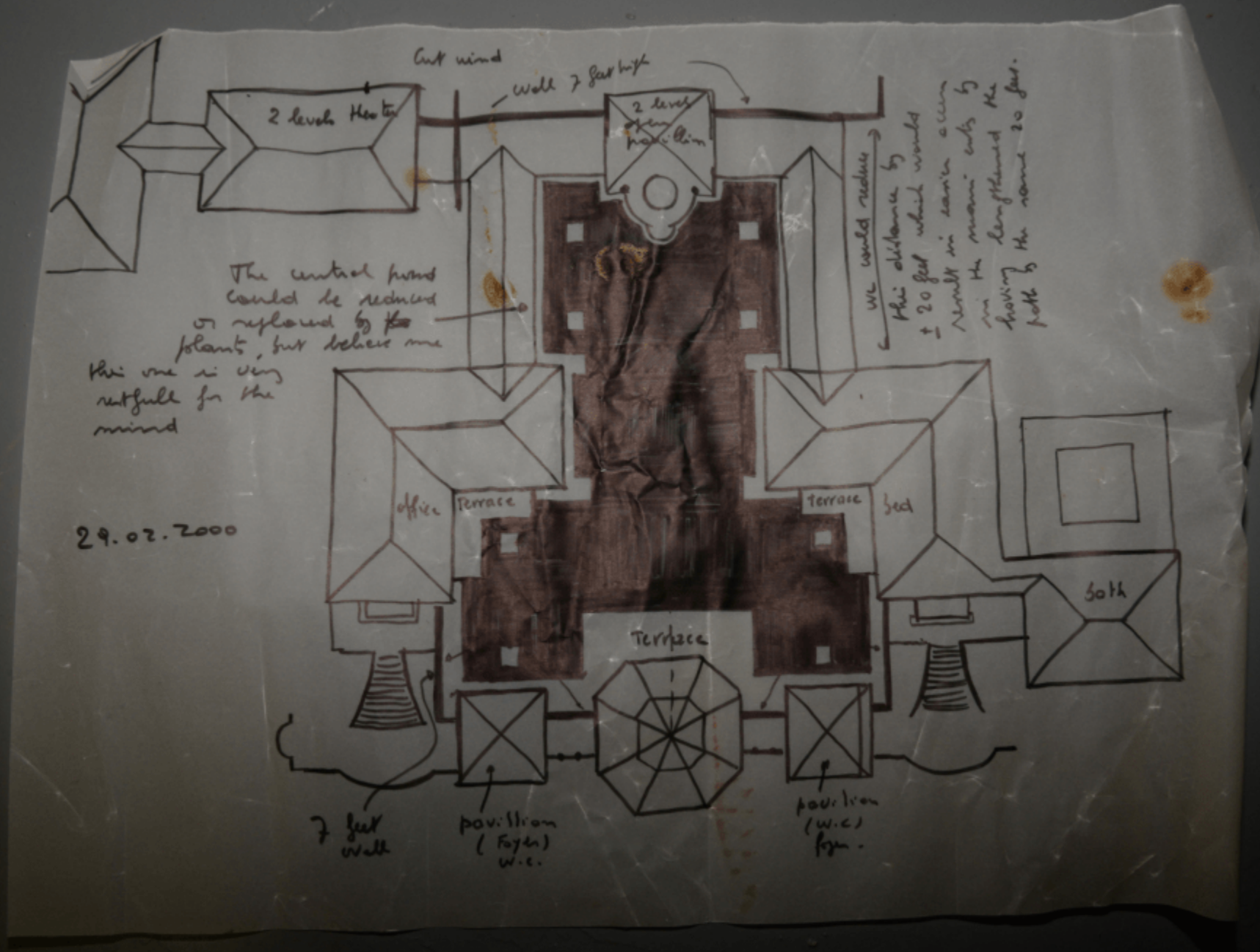

Progress Point
with Vantage Points as Ap
Little St. James Island
U.S. Virgin Islands


BRIAN MOSELEY
PROGRESS SURVEY
NOV 2003
MOSECEV PROGRESS SURVEY
2003

Little Saint James
Garden Concepts
N

EFTA00002653

EFTA00002654



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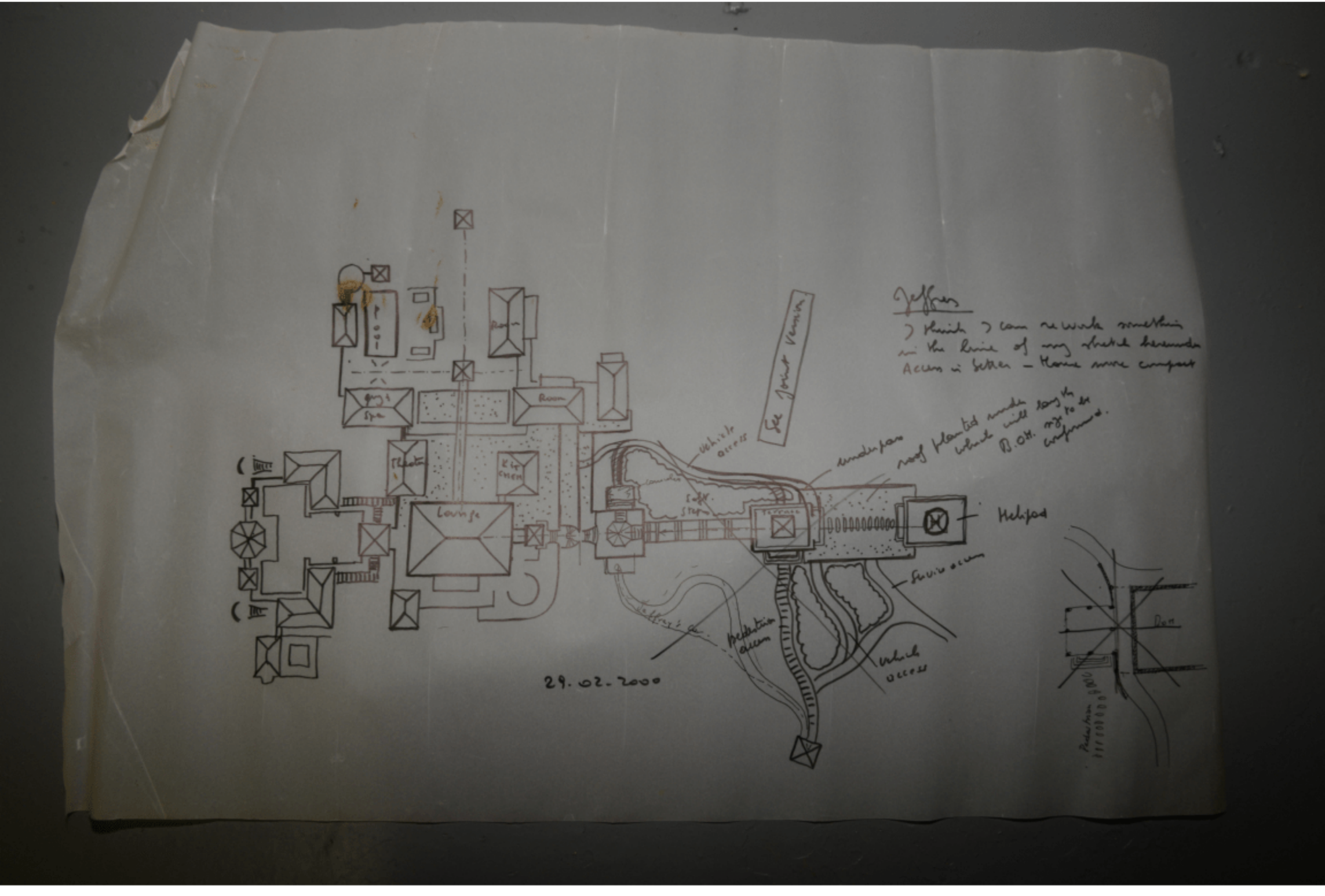
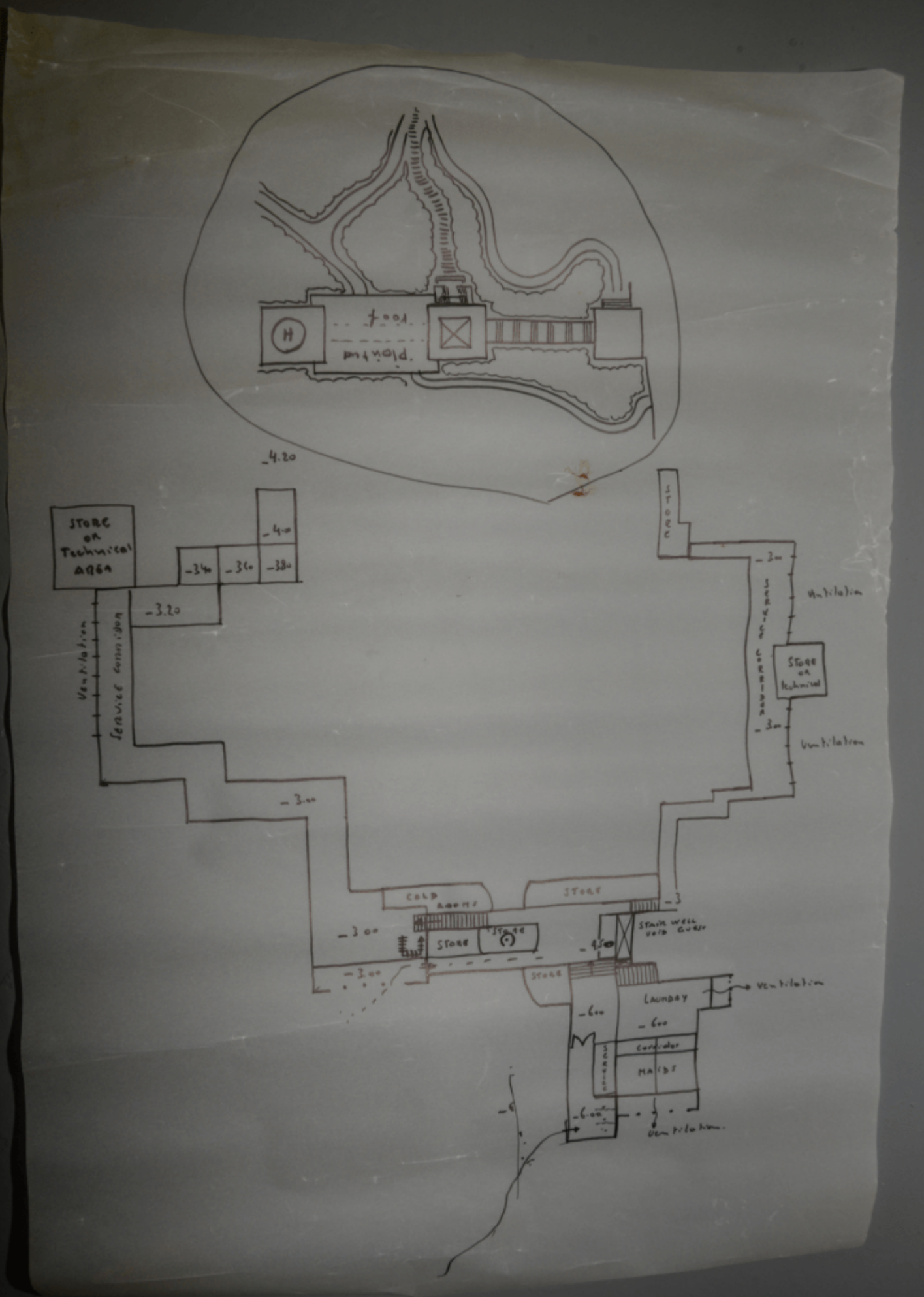

Jeffers
Lounge
Kitchen
Terrace
Helipad
Vehicle access
Pedestrian access
29.02.2000

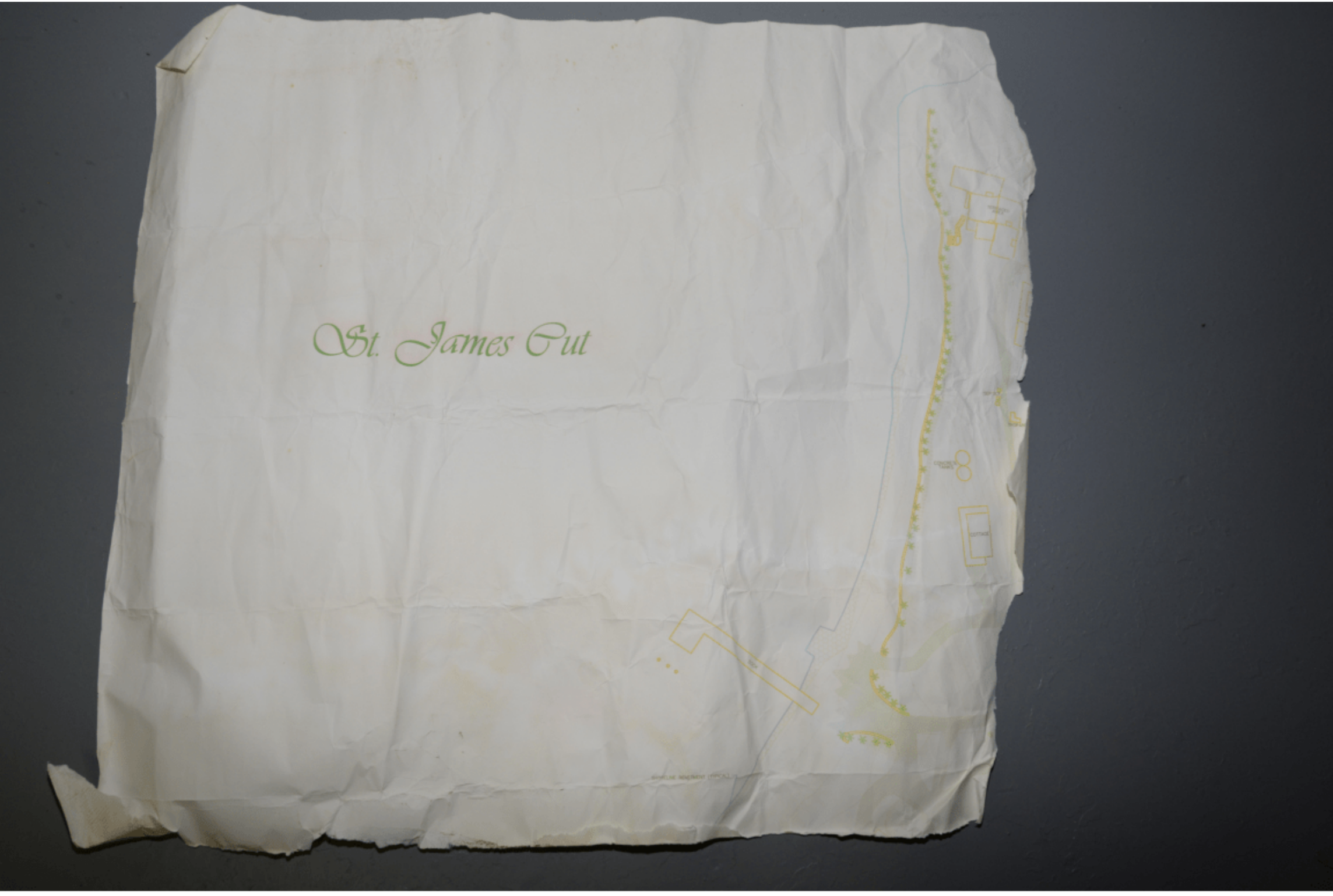


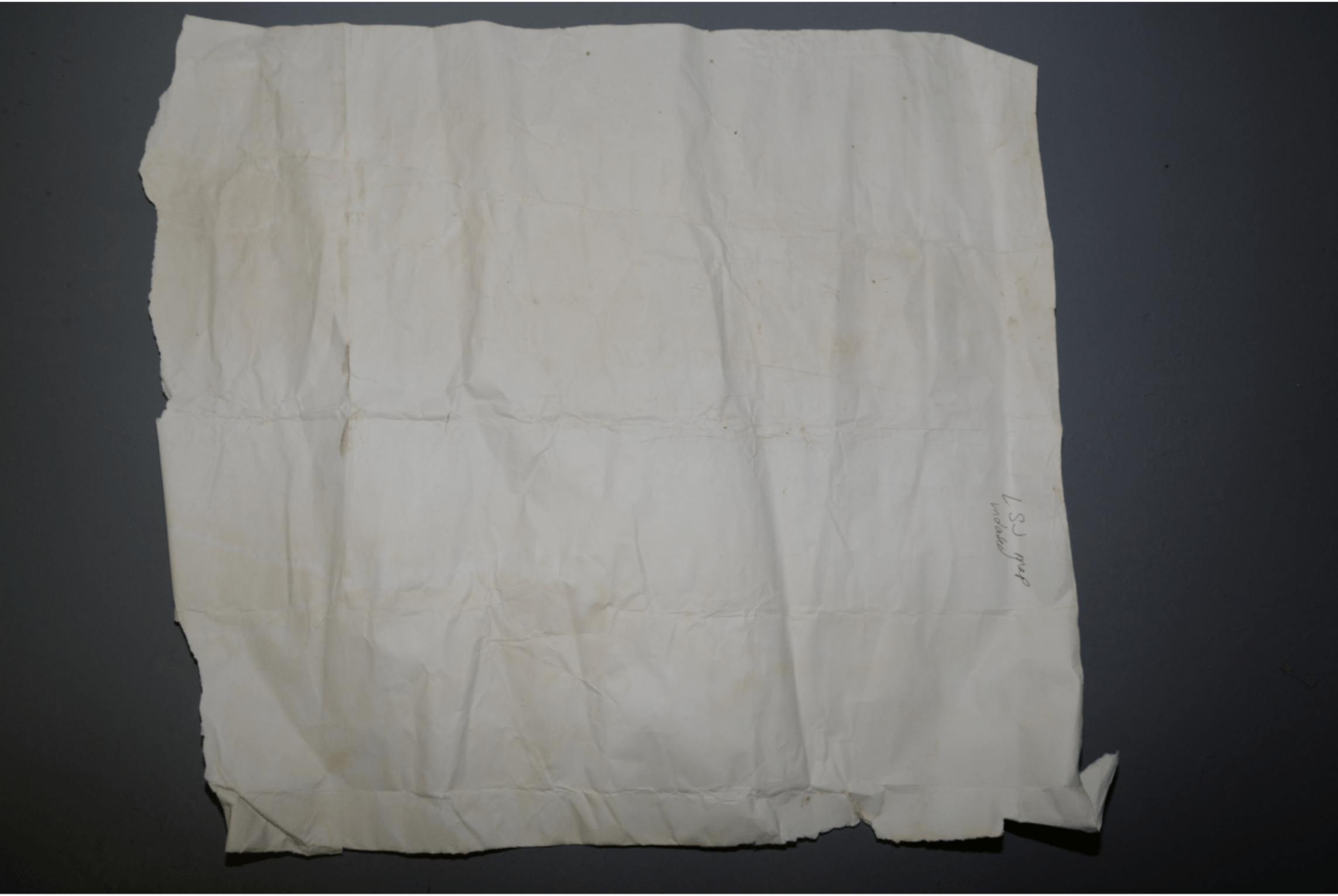
EFTA00002657

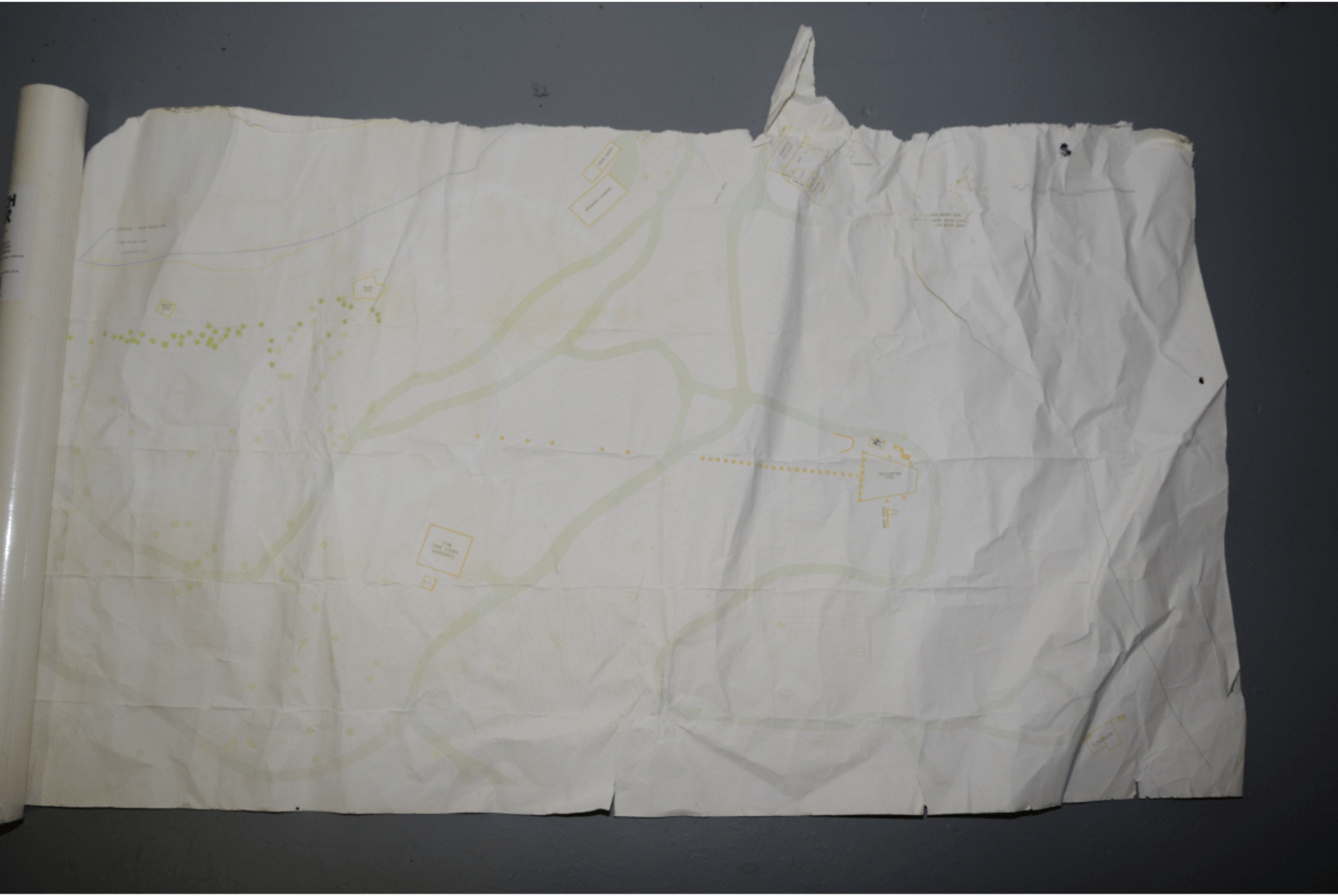
EFTA00002658

CSJ Existing House Remodel Proposal
Undated

EFTA00002659


St. James Cut


LSJ group
undated



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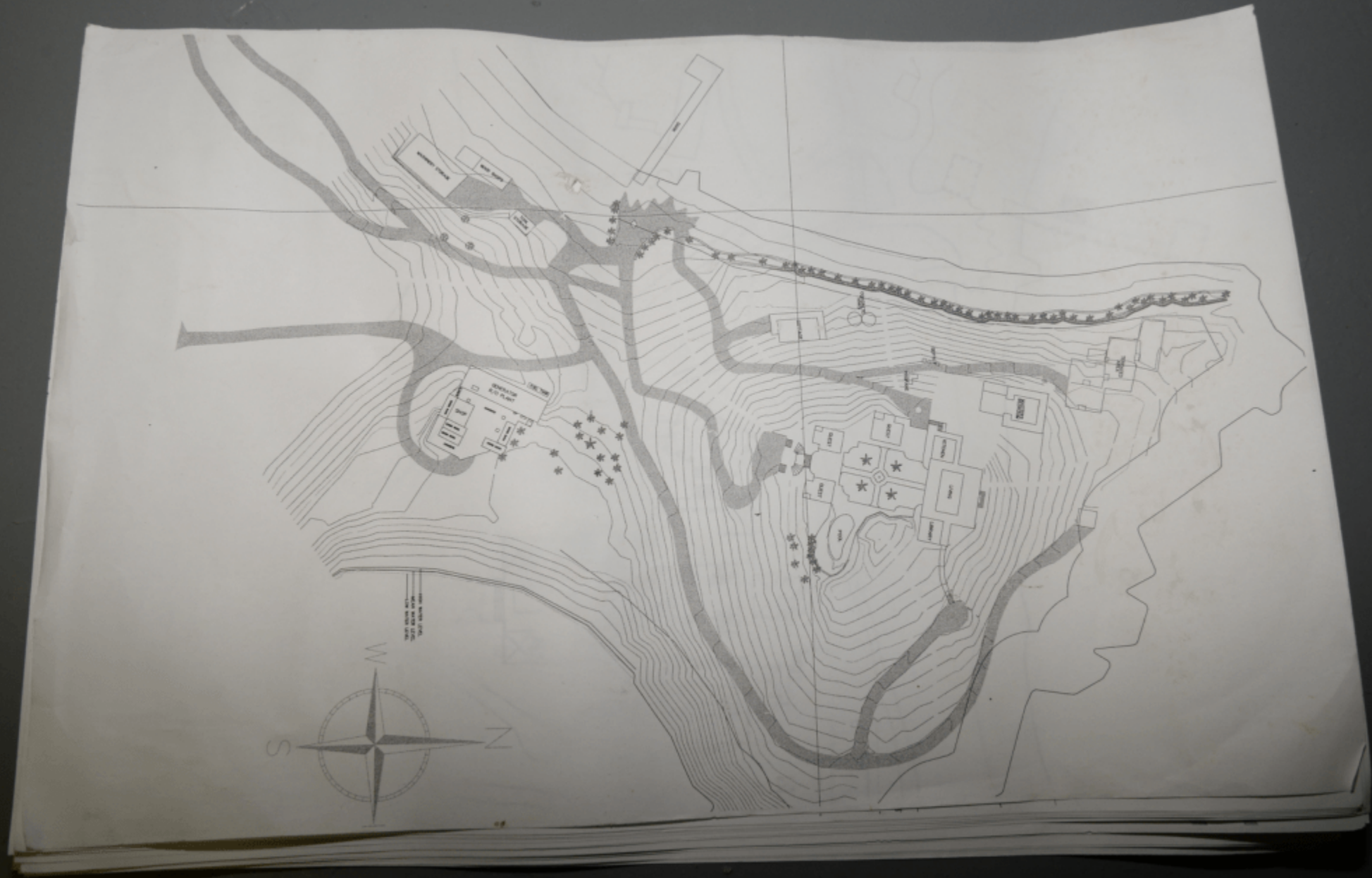

W
S
Z

EFTA00002664

Site Plan
N

View toward Main Entry

(Living Room South Elevation)

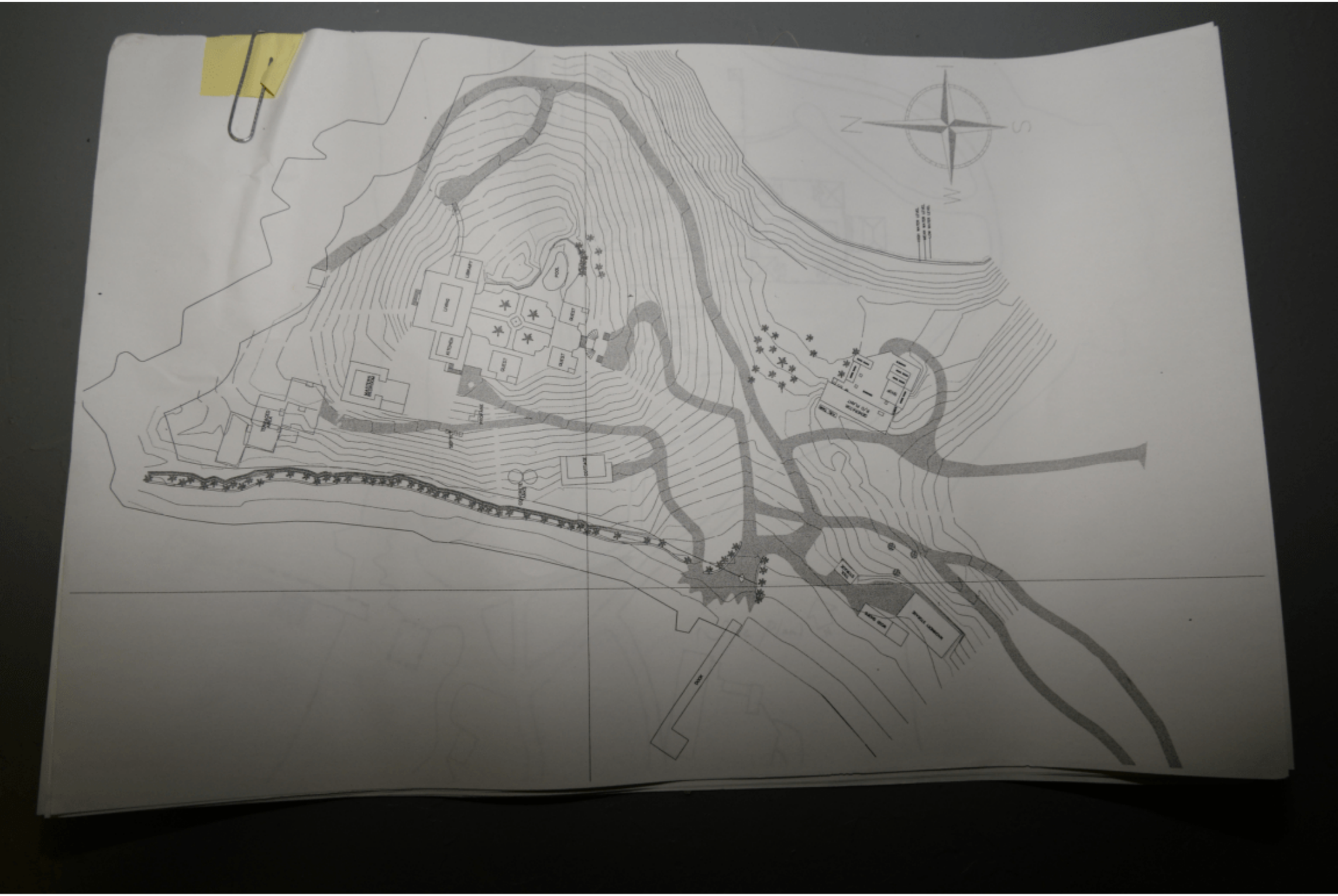
EFTA00002667

EFTA00002668

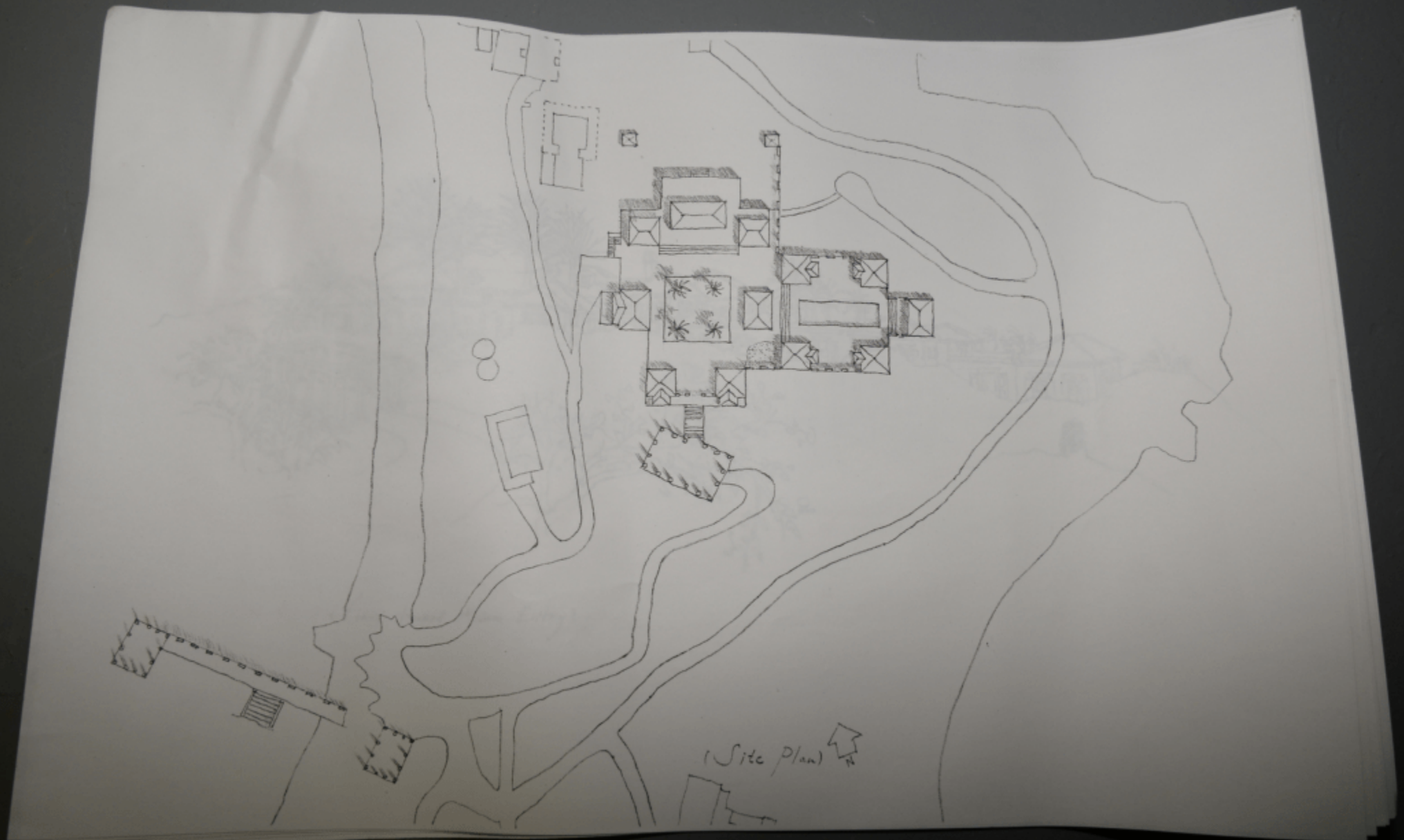
EFTA00002669

EFTA00002670

EFTA00002671



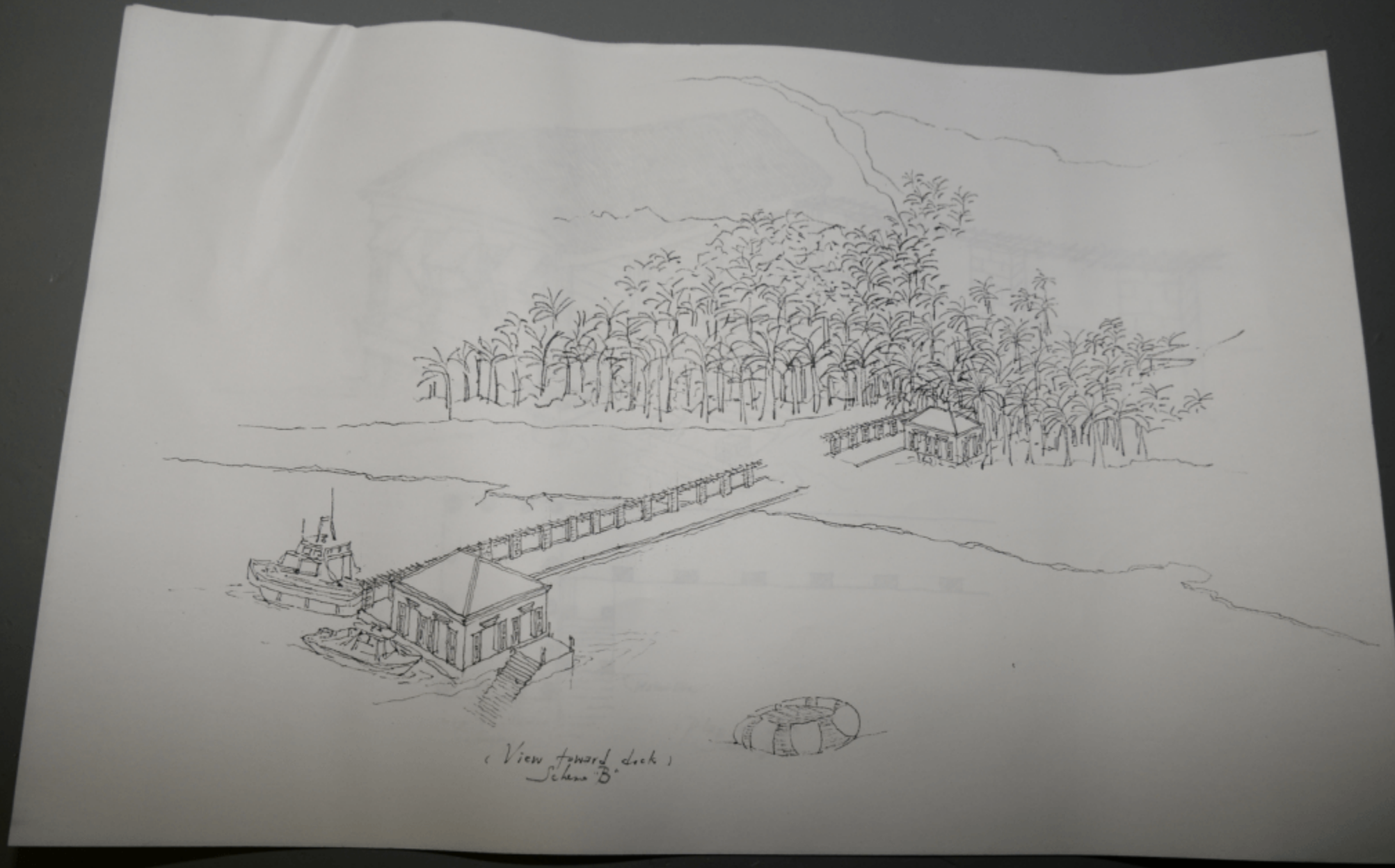
(Site plan)

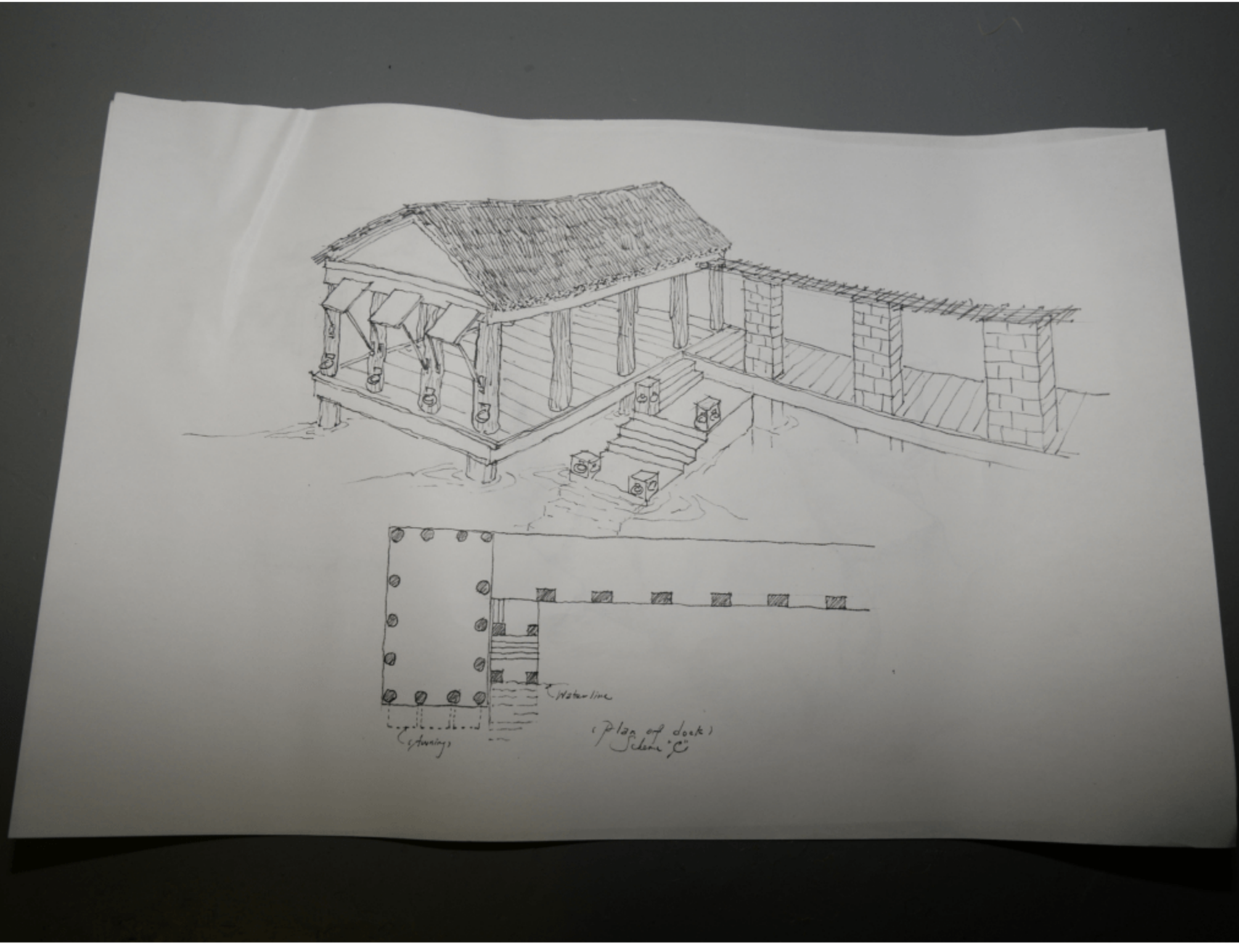

(Site plan)
N

(View toward Main Entry)

(Living Room South Elevation)

(View toward deck)
Scheme "A"


(View toward dock)
Scheme B



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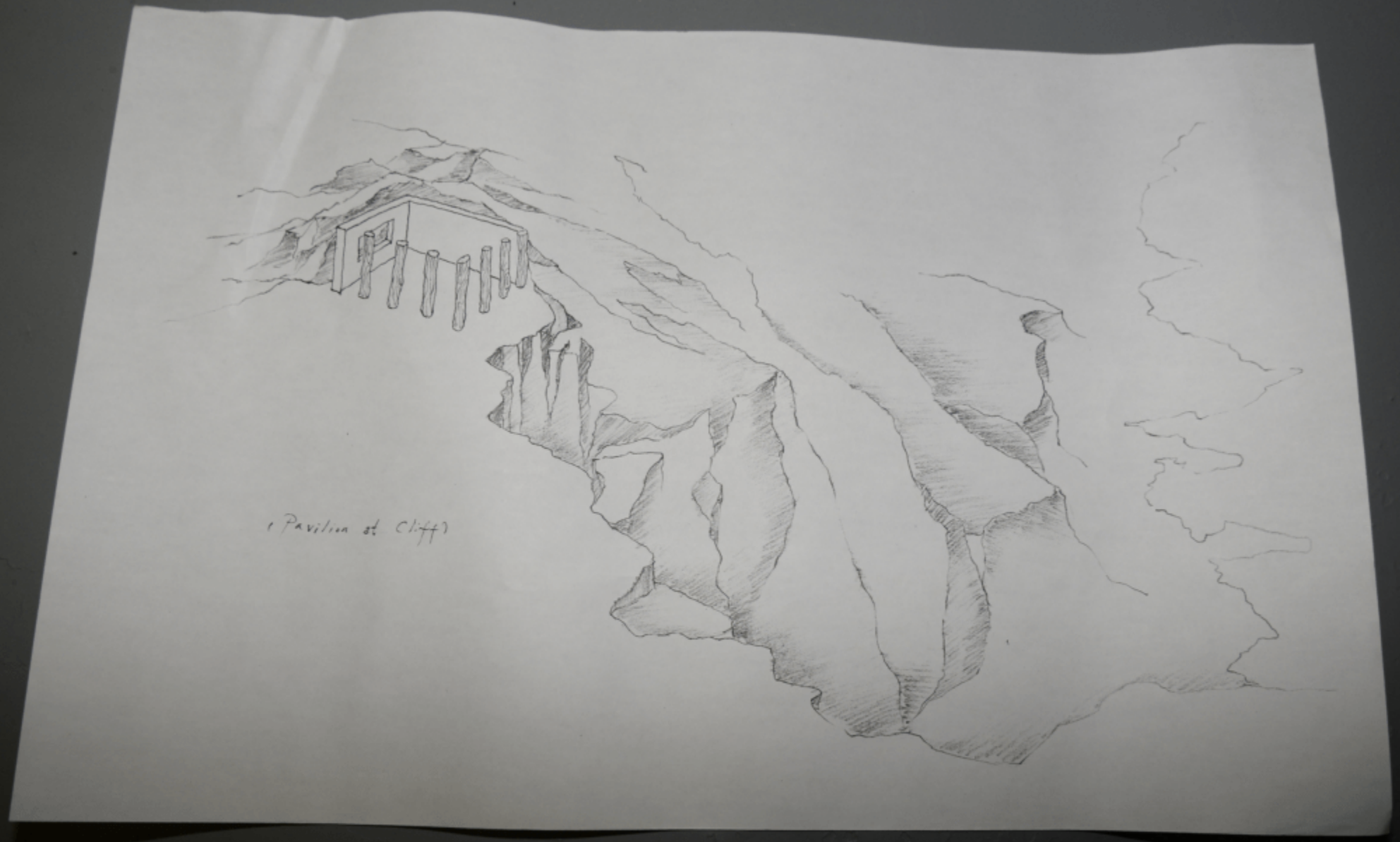
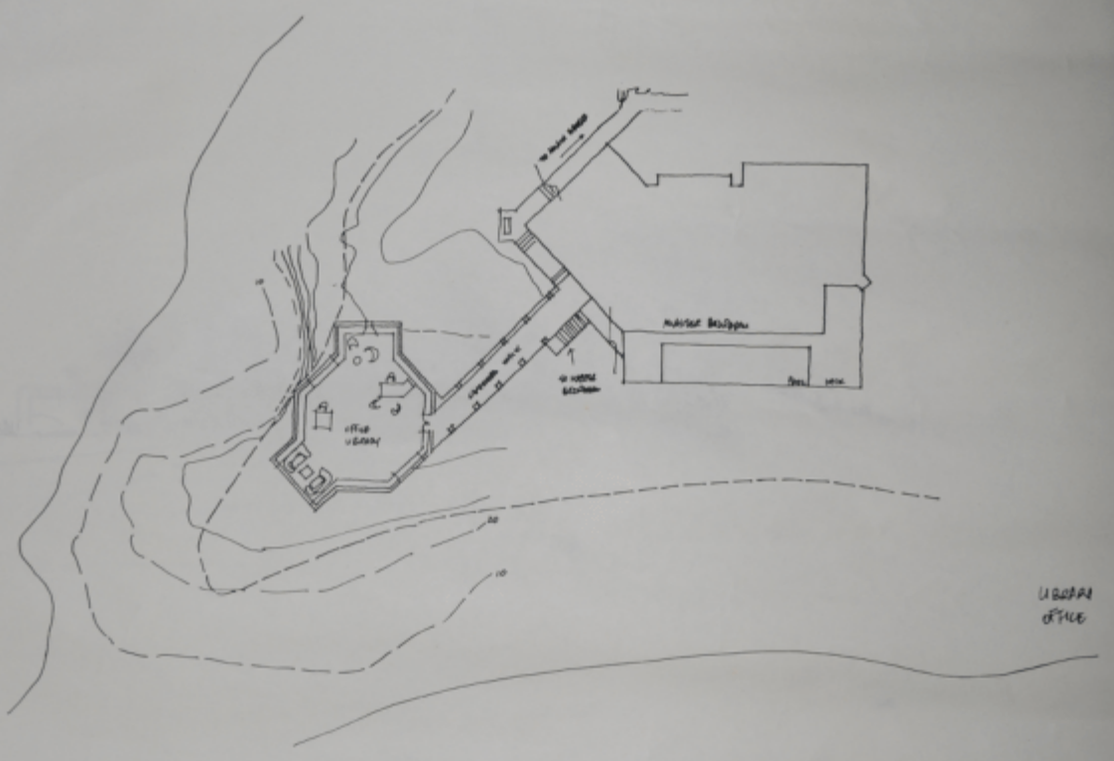

(Pavilion at Cliff)



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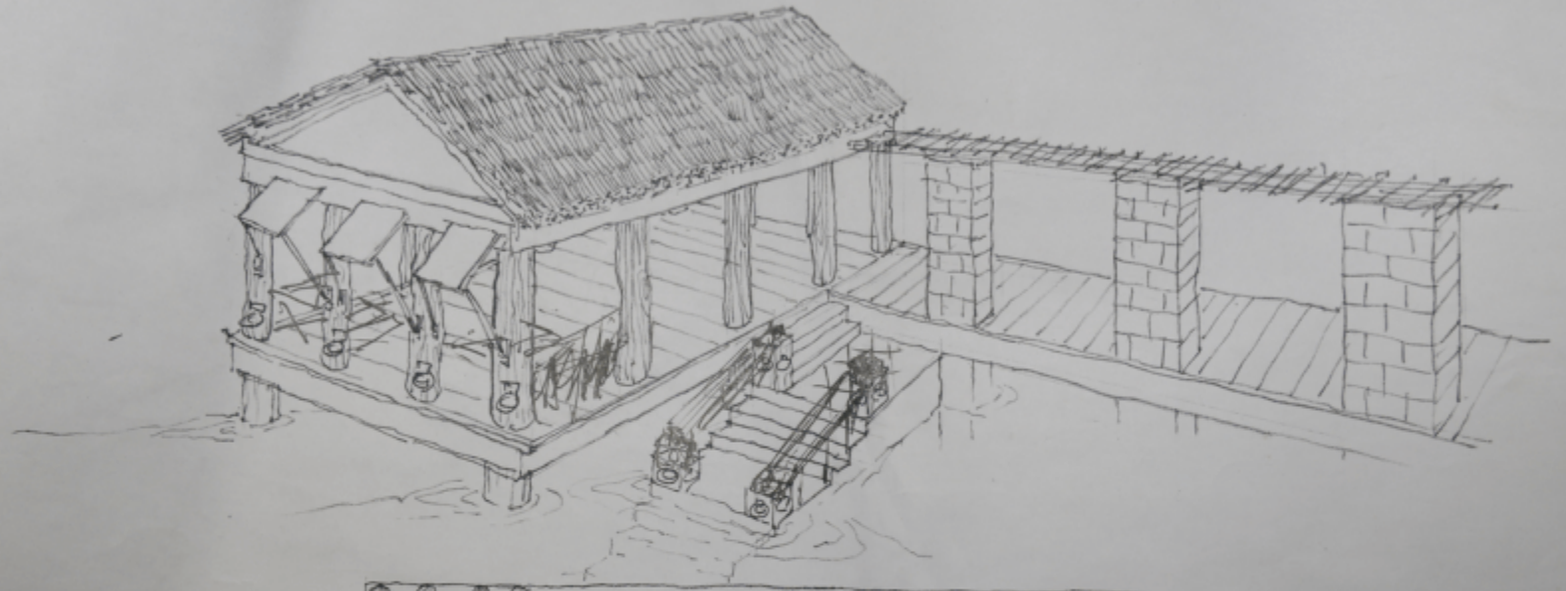

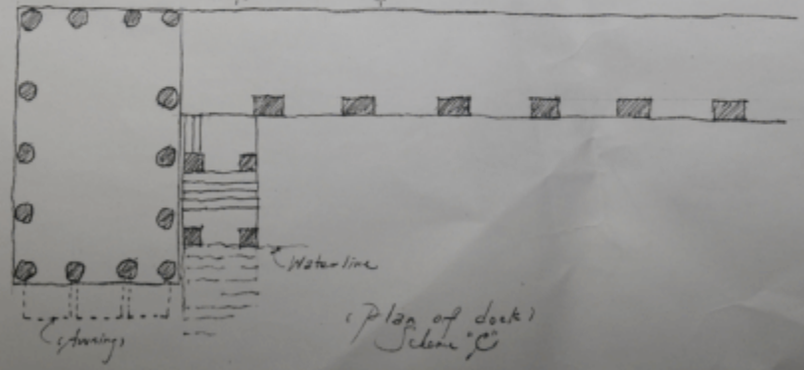

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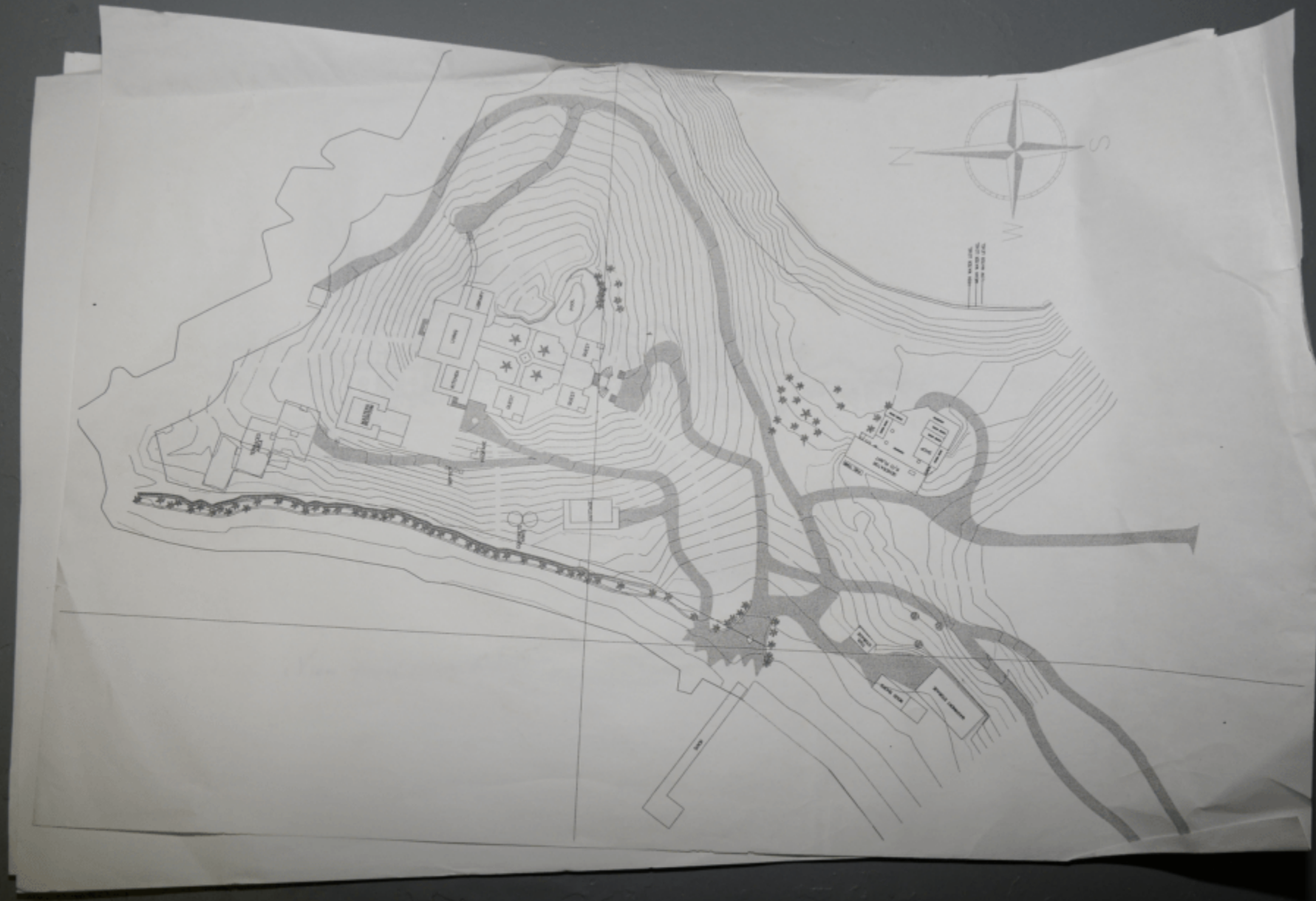


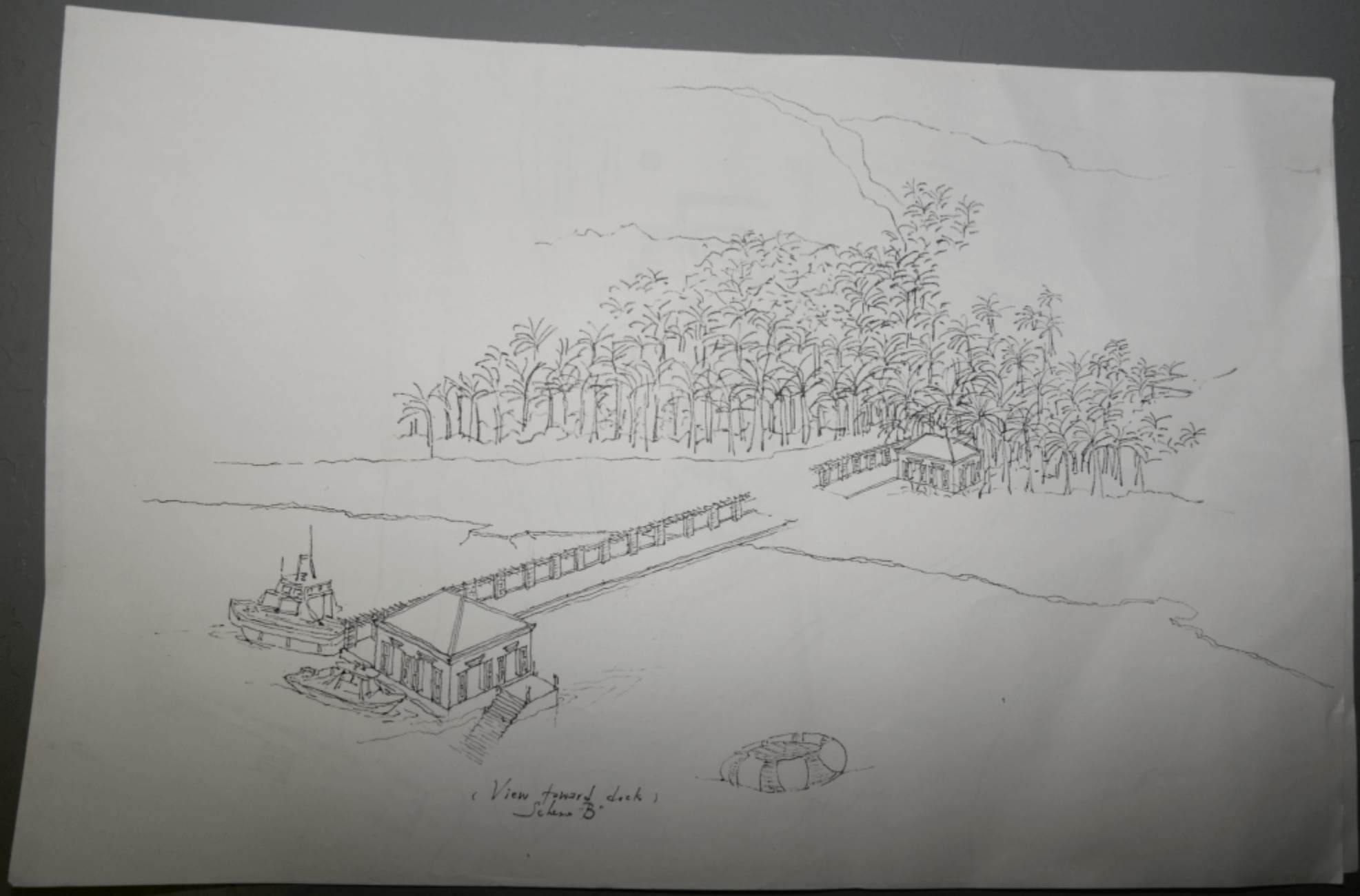
(View toward Main Entry)

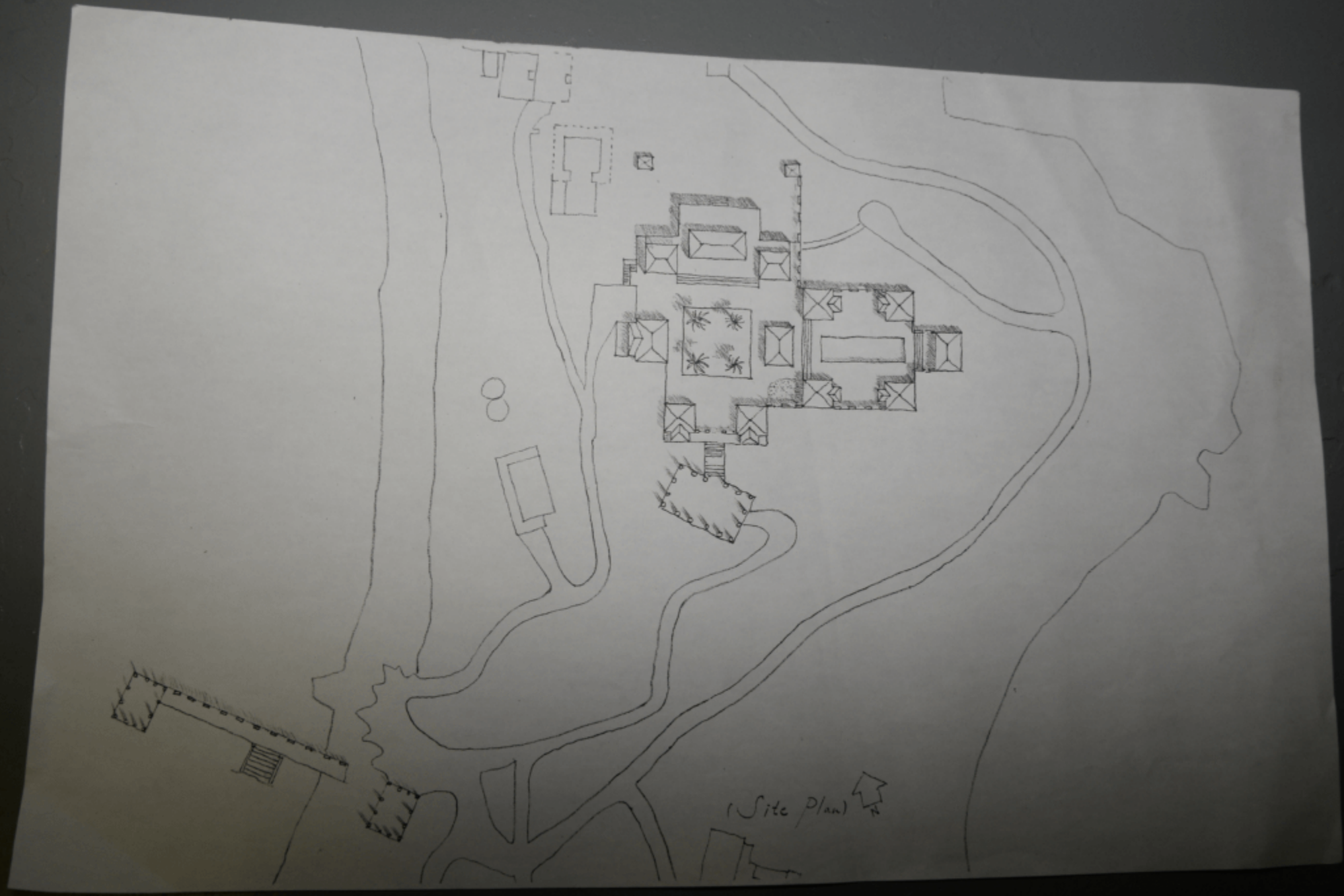
(Living Room South Elevation)

EFTA00002688

1 Pavilion at Cliff

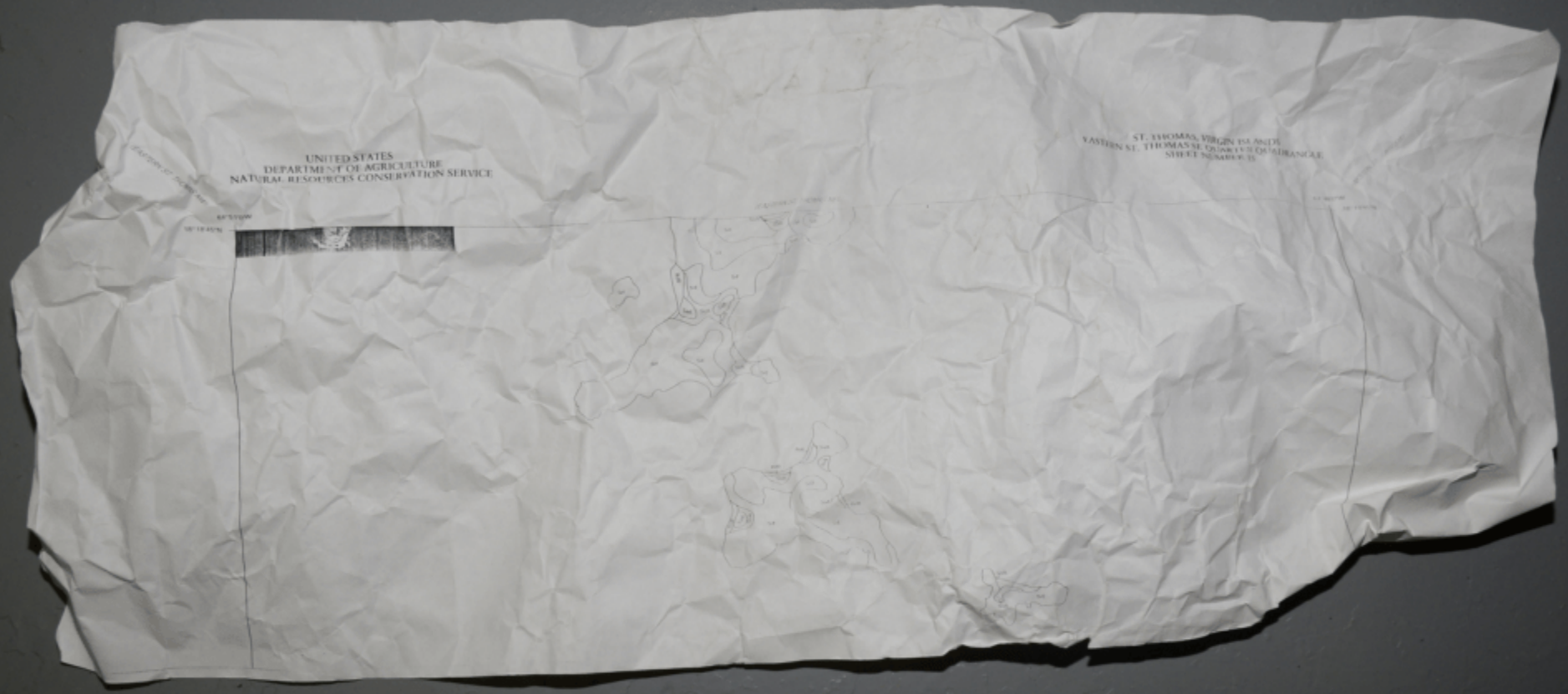
(View forward deck)
Schnitt


(View toward dock)
Scheme B


(Site Plan)
N

EFTA00002693

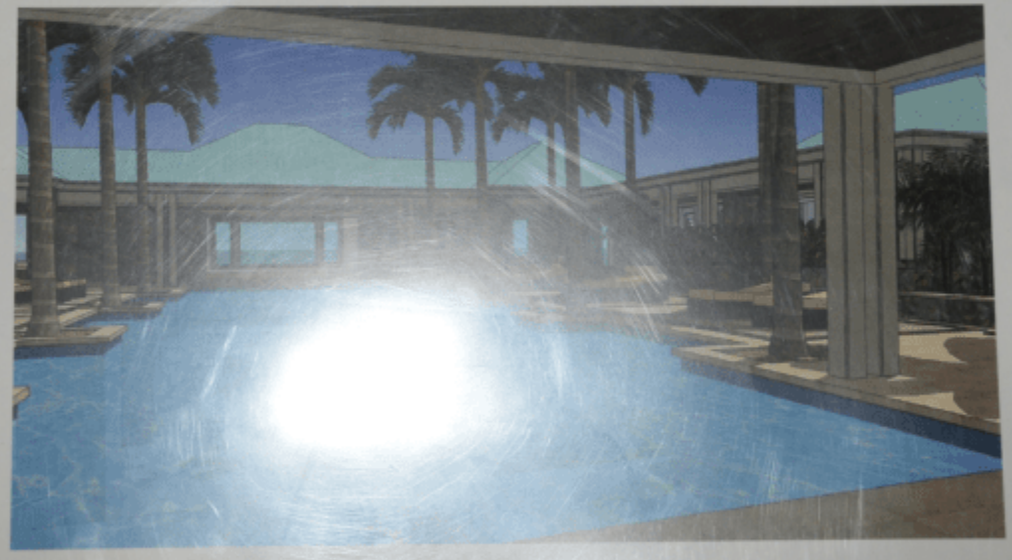
CSJ New House
Proposed - undated
2000's


UNITED STATES
DEPARTMENT OF AGRICULTURE
NATURAL RESOURCES CONSERVATION SERVICE
ST. THOMAS, VIRGIN ISLANDS

EFTA00002696

Little St. James Island

Cabanas, Pavilions, Pool & Screening Room

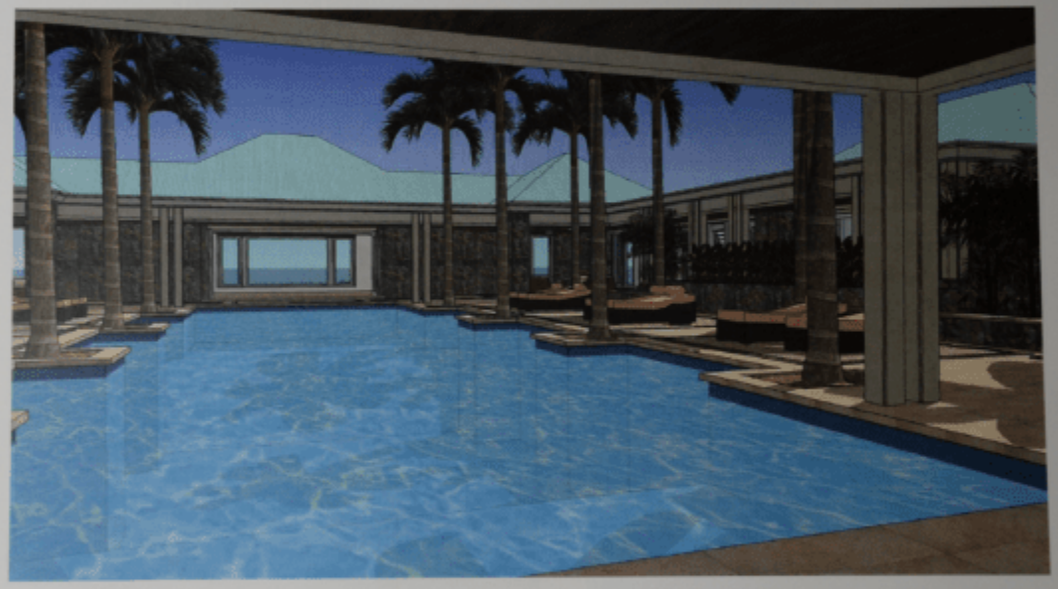


06/04/2009 80% Design Development Progress Package
-Revised 3d views
-Schematic Landscape plant selection & planting plan
-Revised Screening Room finishes

Gensler
[redacted]
Santa Monica, CA 90405
[redacted]

Little St. James Island

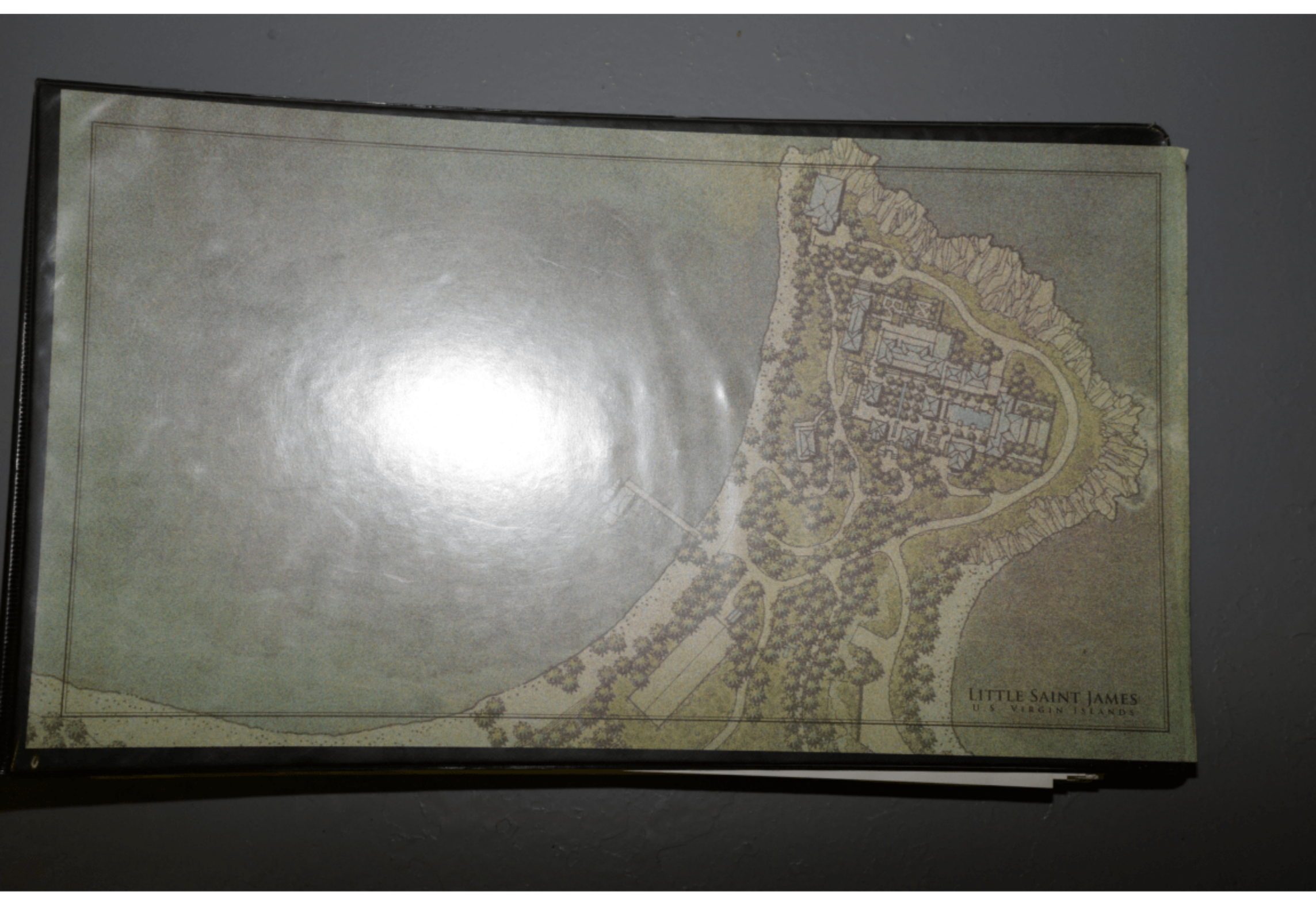
Cabanas, Pavilions, Pool & Screening Room

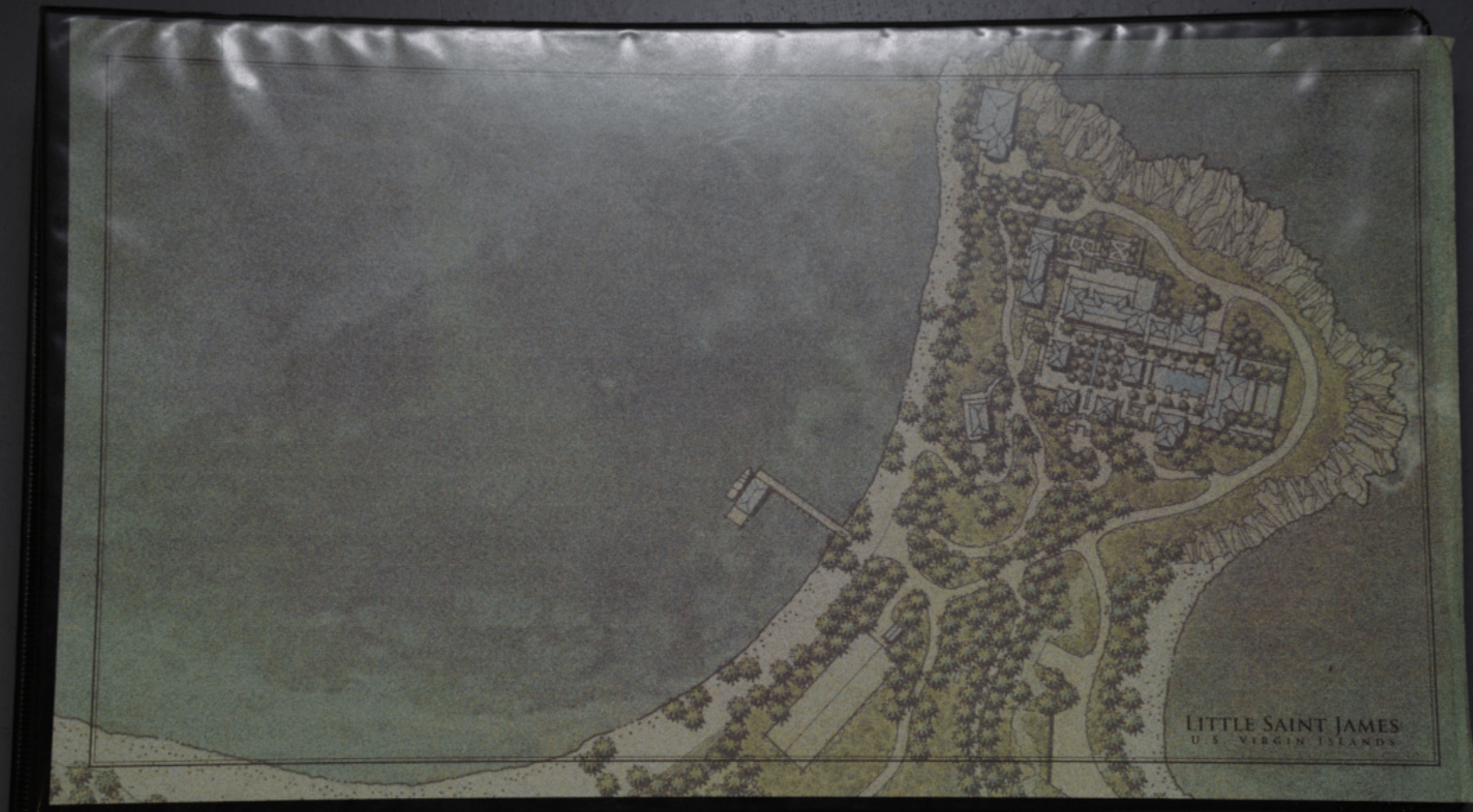


06/04/2009 80% Design Development Progress Package
-Revised 3d views
-Schematic Landscape plant selection & planting plan
-Revised Screening Room finishes

Gensler
[redacted]
Santa Monica, CA 90405
[redacted]

LITTLE SAINT JAMES


LITTLE SAINT JAMES
U.S. VIRGIN ISLANDS


LITTLE SAINT JAMES
U S VIRGIN ISLANDS

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EFTA00002703

EFTA00002704

EFTA00002706

CAT
CAT

CAT
CAT
CAT

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EFTA00002717

EFTA00002718

MD200983
272D2 CAT
XHP
HIGH SPEED

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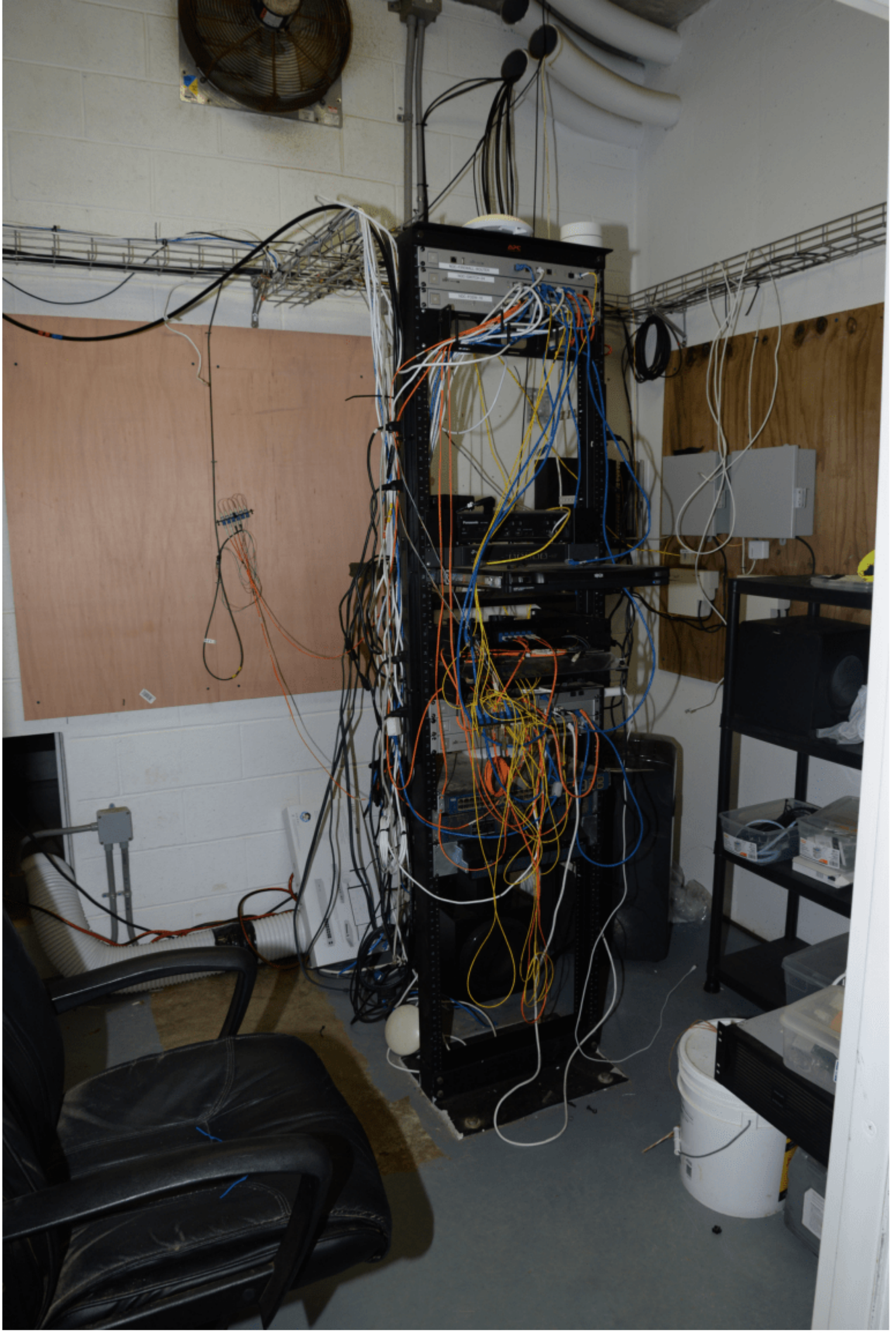

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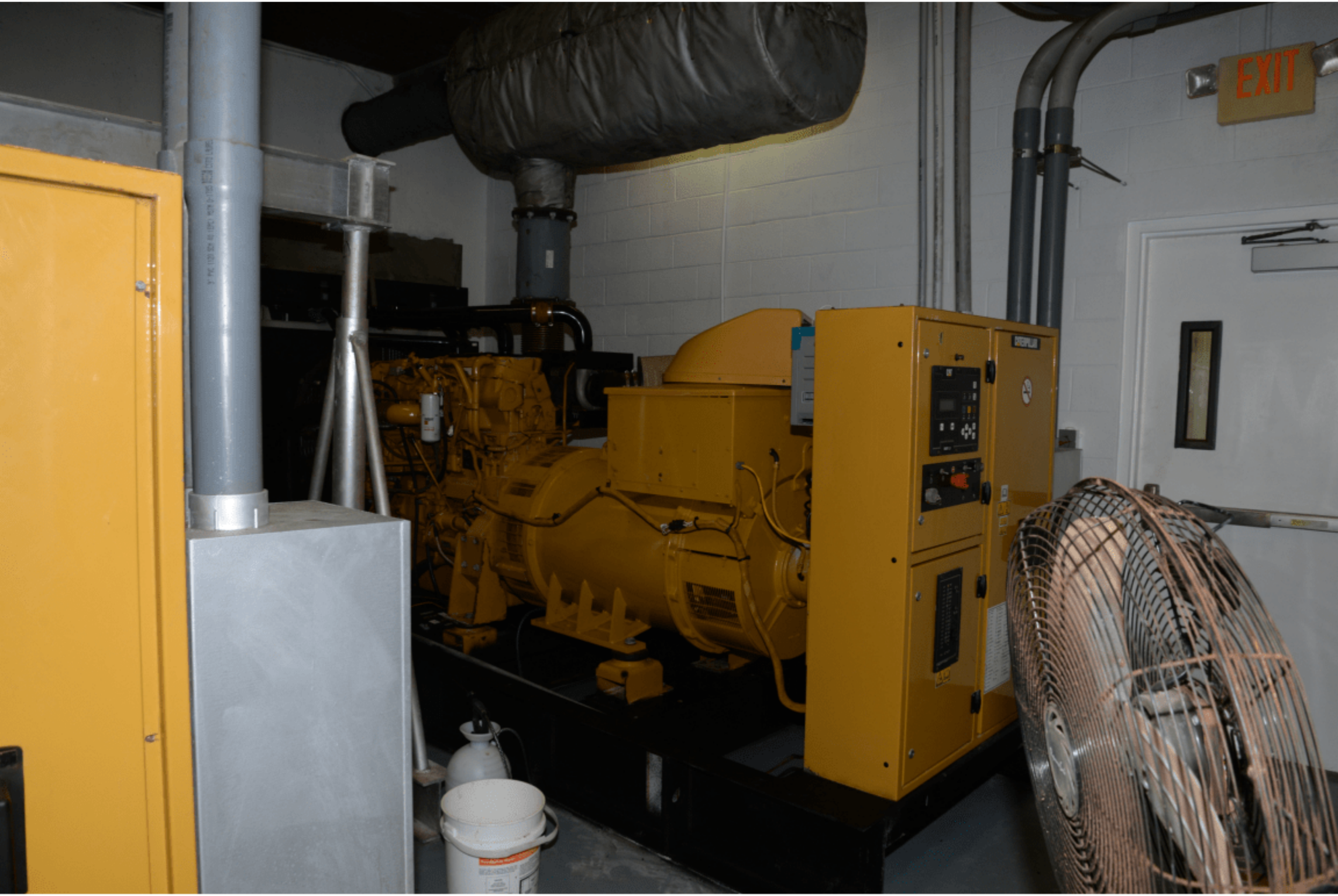

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EFTA00002728

EFTA00002729

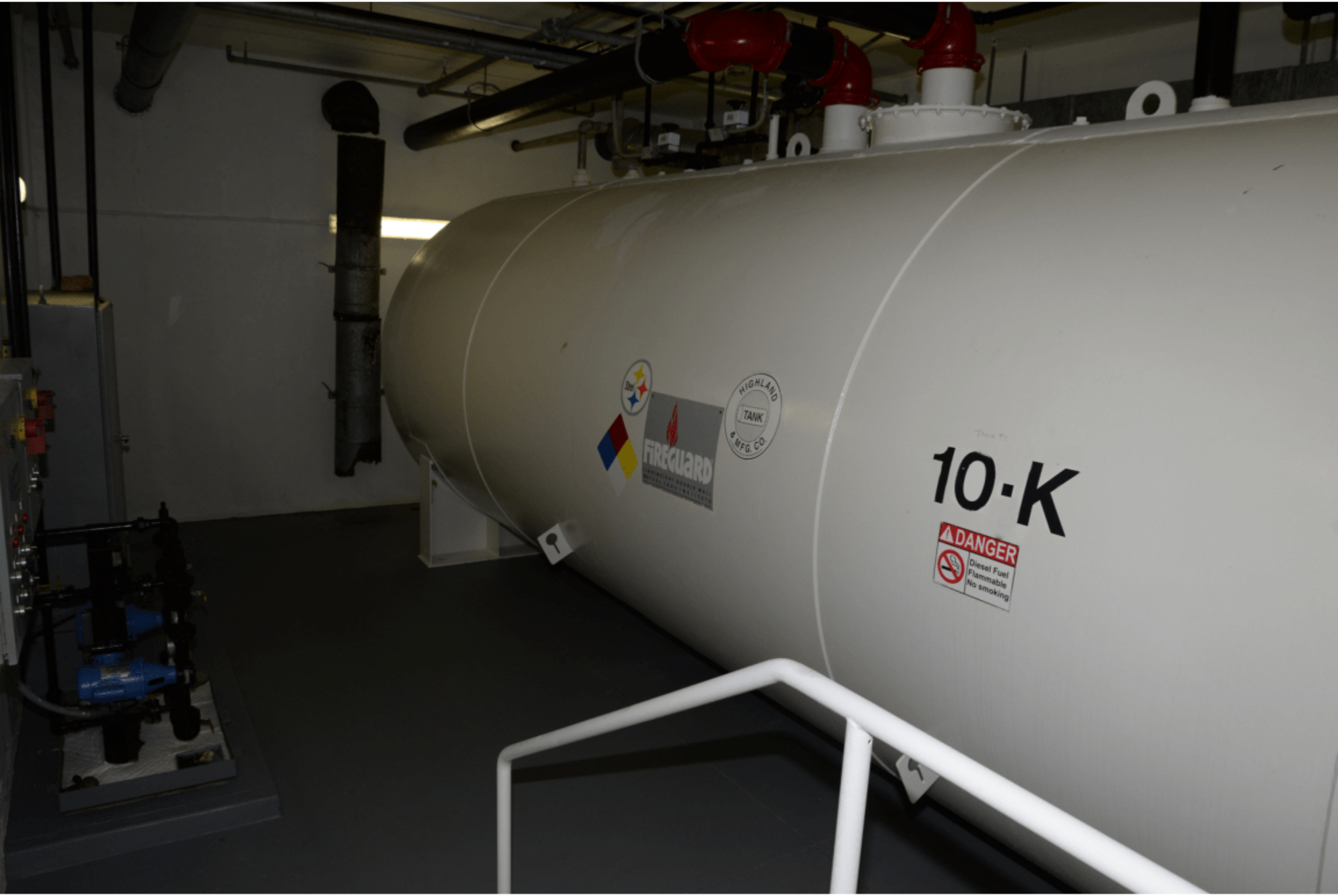
EFTA00002731

UBIQUITI
Benjamin Moore

Benjamin Moore

EFTA00002734

NO
SMOKING



EFTA00002736

EFTA00002737

NO
SMOKING

NO
SMOKING

Havoline
Havoline
Havoline
Havoline
GEAR OIL
GEAR OIL
STAR
Delo
Delo
RIDGID
SNR

EFTA00002743

EFTA00002744

EFTA00002745

EFTA00002746

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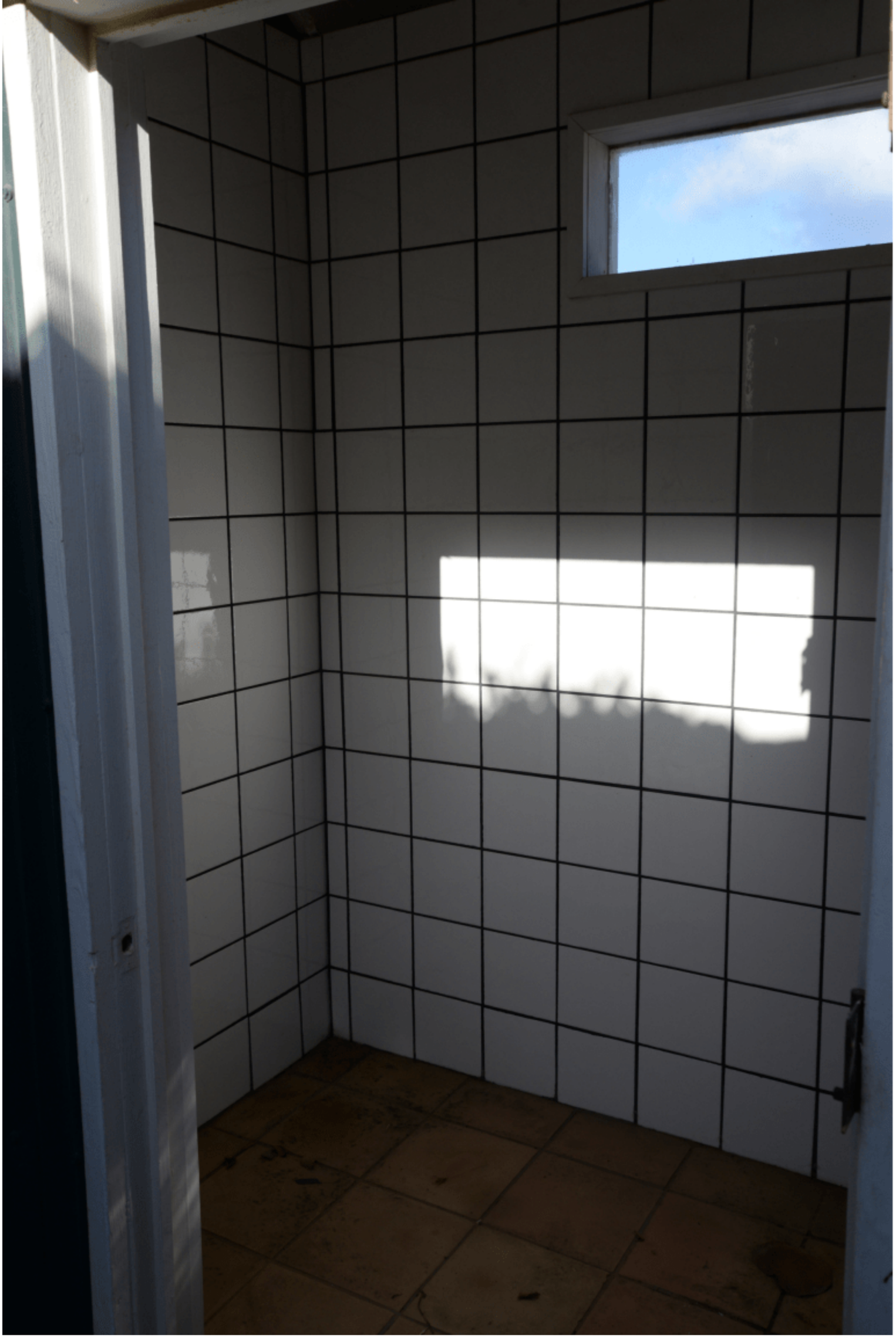
RIDGID

DAP

ULTRA
SPEC

EFTA00002752

EFTA00002753



EFTA00002758

EFTA00002763

EFTA00002764

EFTA00002765

EFTA00002766

EFTA00002767

EXIT

2

2

NO SMOKING

NO SMOKING
8201

PORTABLE
POWER STATION

XYPEX

EXIT
Grip-Rite
OSHA CAPS
Grip-Rite
Grip-Rite
OSHA CAPS

TRUE

EFTA00002786

VI 5451TC

POLARIS
RANGER
EV

EXIT
POLARIS
RANGER

ULINE
SAFETY
FOOTWEAR

ALKALINITY
SAFETY FOOTWEAR

EFTA00002794

EFTA00002795

EFTA00002796

EFTA00002802

EFTA00002804

EFTA00002805

Alfresco

EFTA00002807

EFTA00002808

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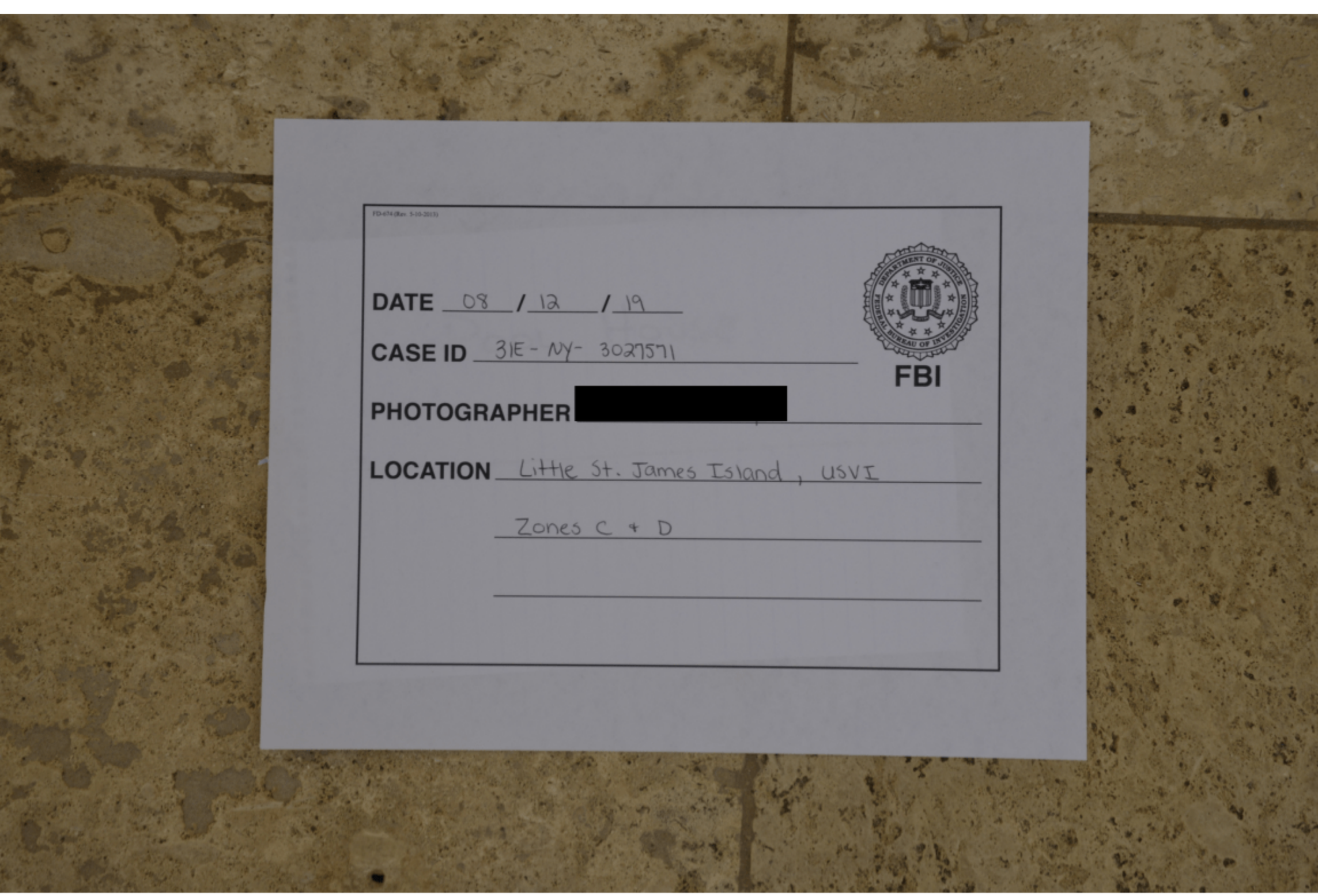

FD-674 (Rev. 5-10-2013)
DATE 08 / 12 / 19
CASE ID 31E-NY-3027571
FBI
PHOTOGRAPHER [redacted]
LOCATION Little St. James Island, USVI
Zones C + D

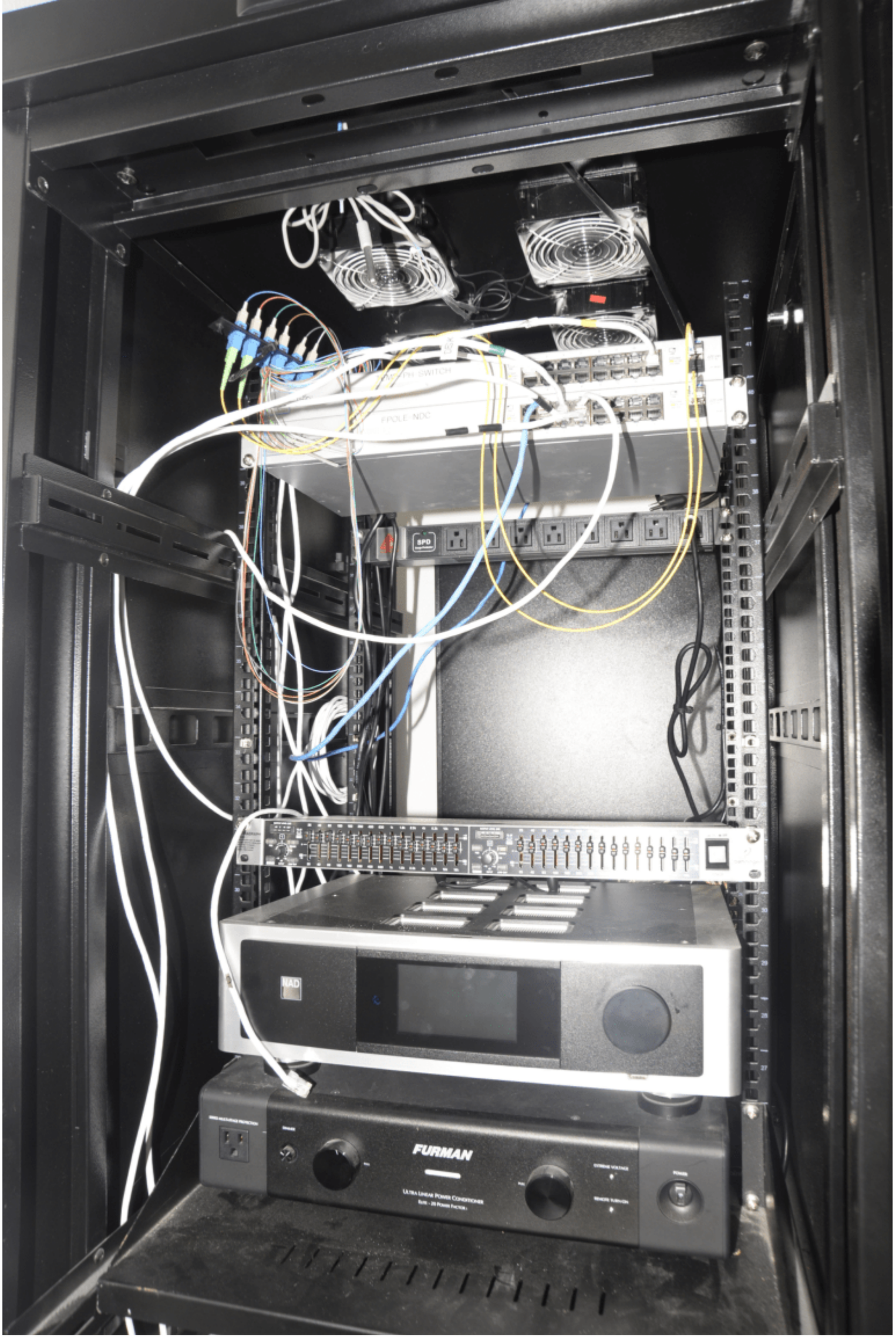
Pool House

EFTA00002859

EFTA00002860

EFTA00002861

FIRE



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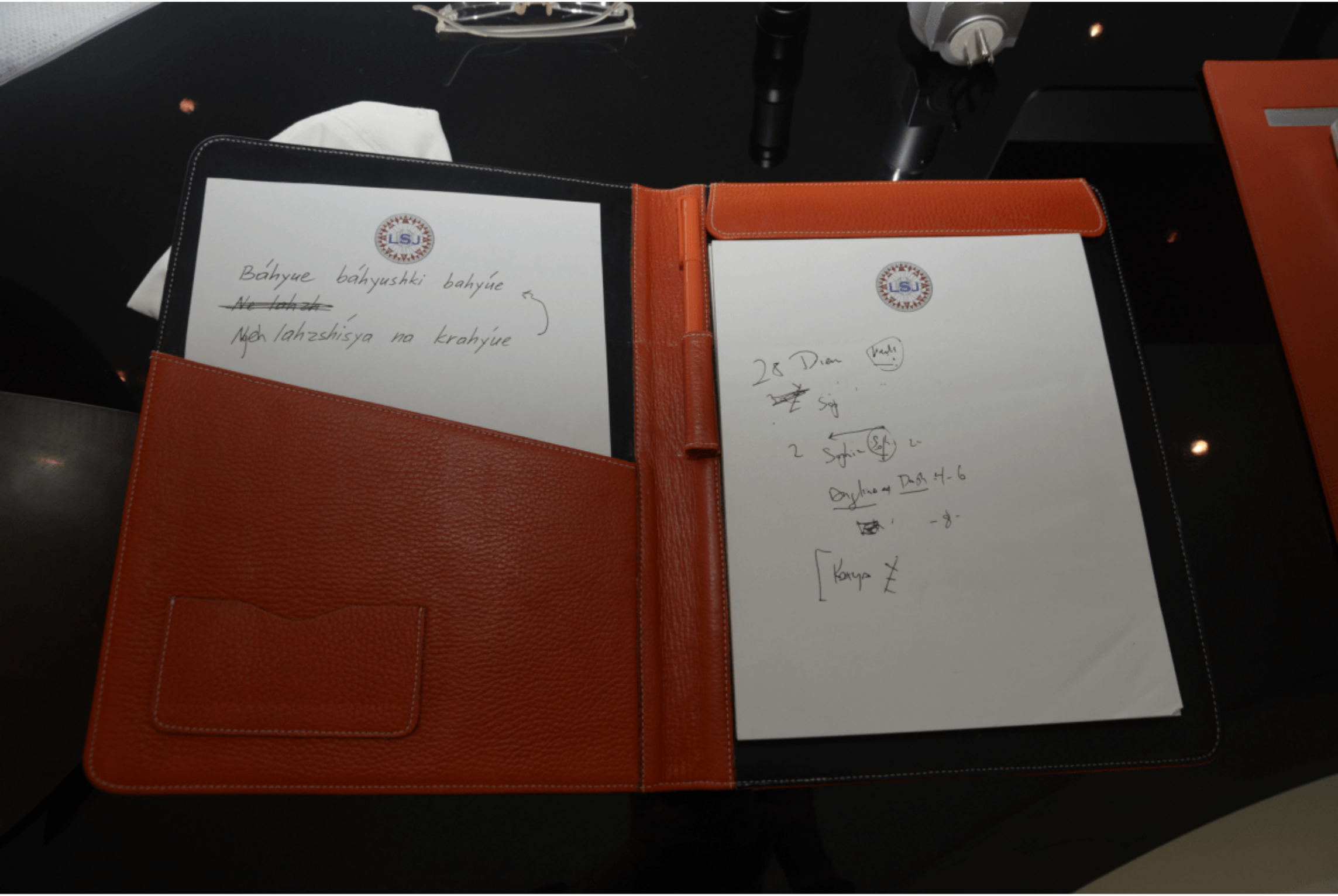
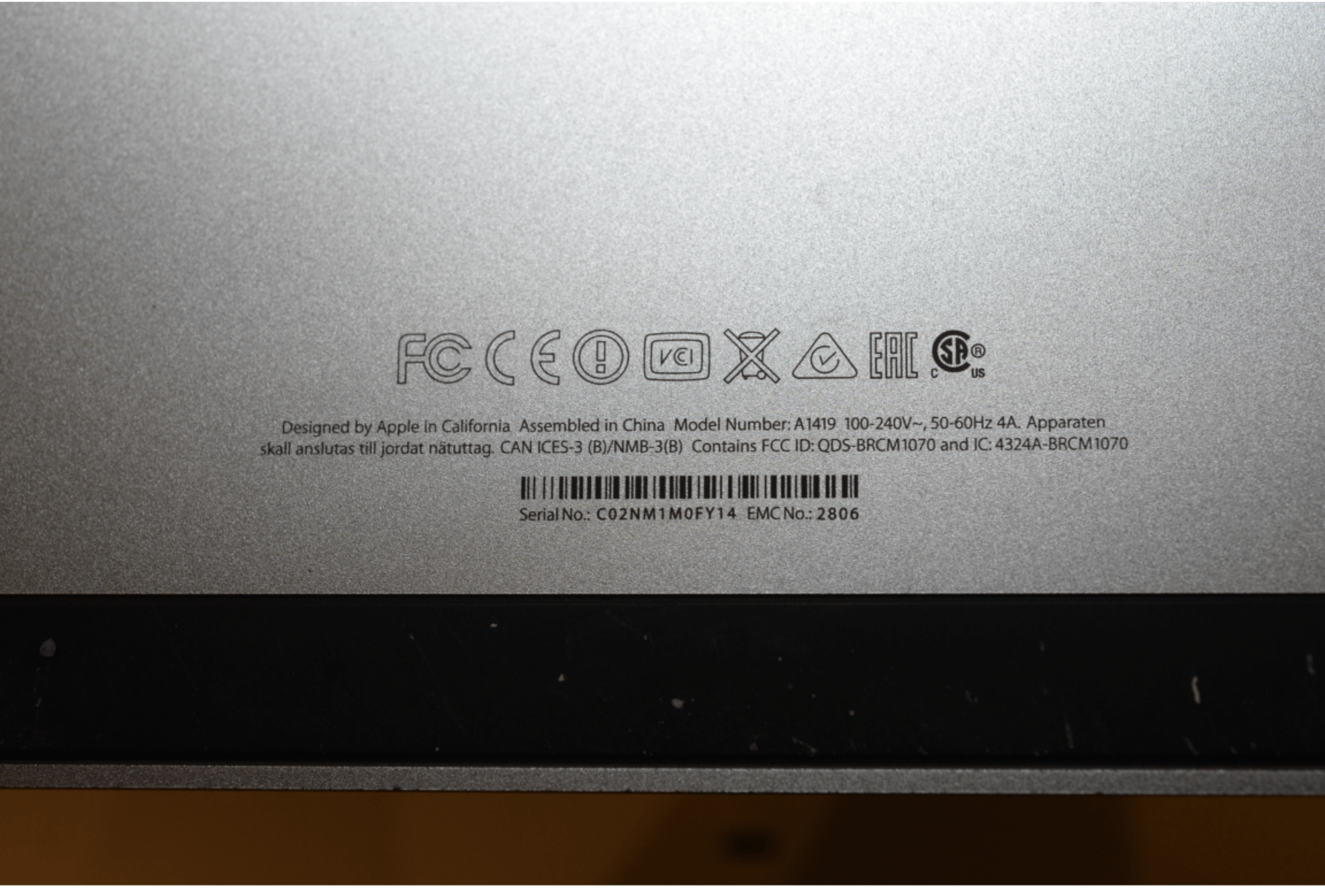

LSJ
Báhyue báhyushki bahyúe
Ne lahzh
Nyeh lahzhsisya na krahyúe
LSJ

EFTA00002898

BrookStone

BELKIN

EFTA00002902



EFTA00002905

501
501

THE TIMES
Breakdown of royal marriages blamed on media pressure – 'the camera is always watching'
Divorce is no bar to throne says Prince
Burst tyre leads royal jet pilot off the runway

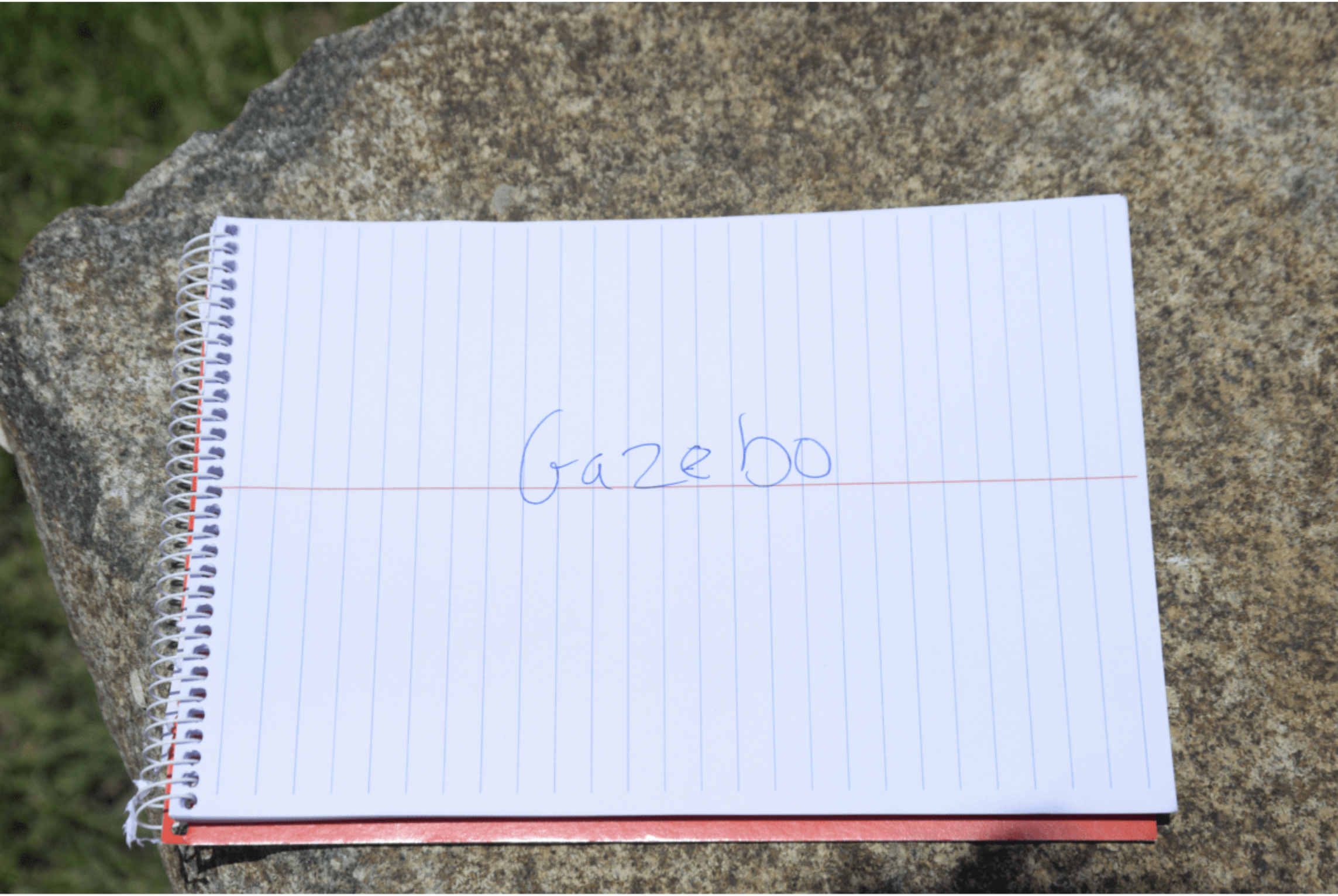
ULTRA SWIM
ULTRA SWIM
coconut milk
SHAMPOO
Zest
Irish Spring
Dial
TRISWIM

THE TIMES
Divorce is no bar to throne says Prince

FIRE

RIDGID
16 Gallon Wet/Dry Vac
NXT

DANGER
RIDGID



EFTA00002920

EFTA00002924

EFTA00002929

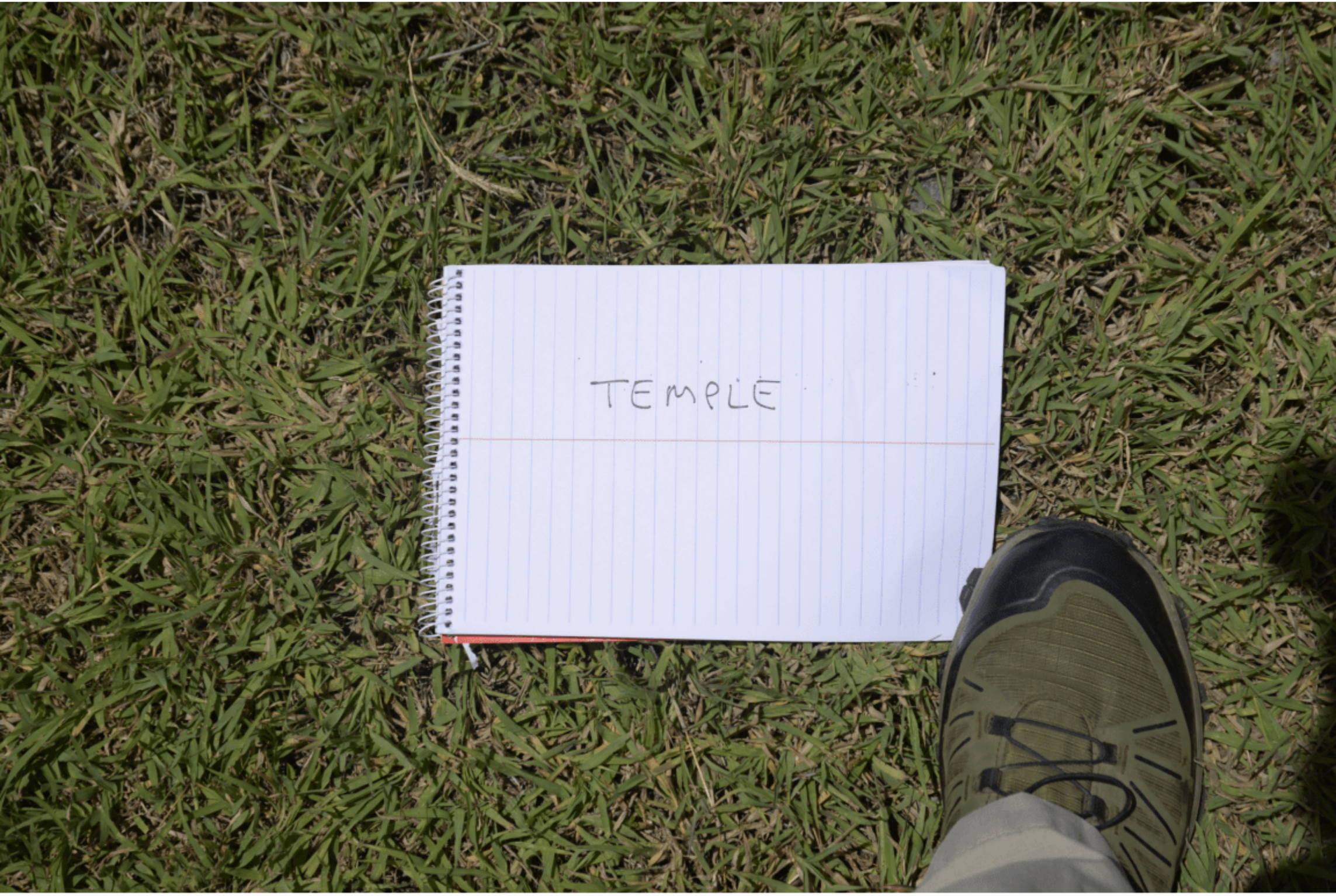
EFTA00002930

EFTA00002933

PIPE JUNCTION SHED

EFTA00002936

EFTA00002937


TEMPLE

EFTA00002940

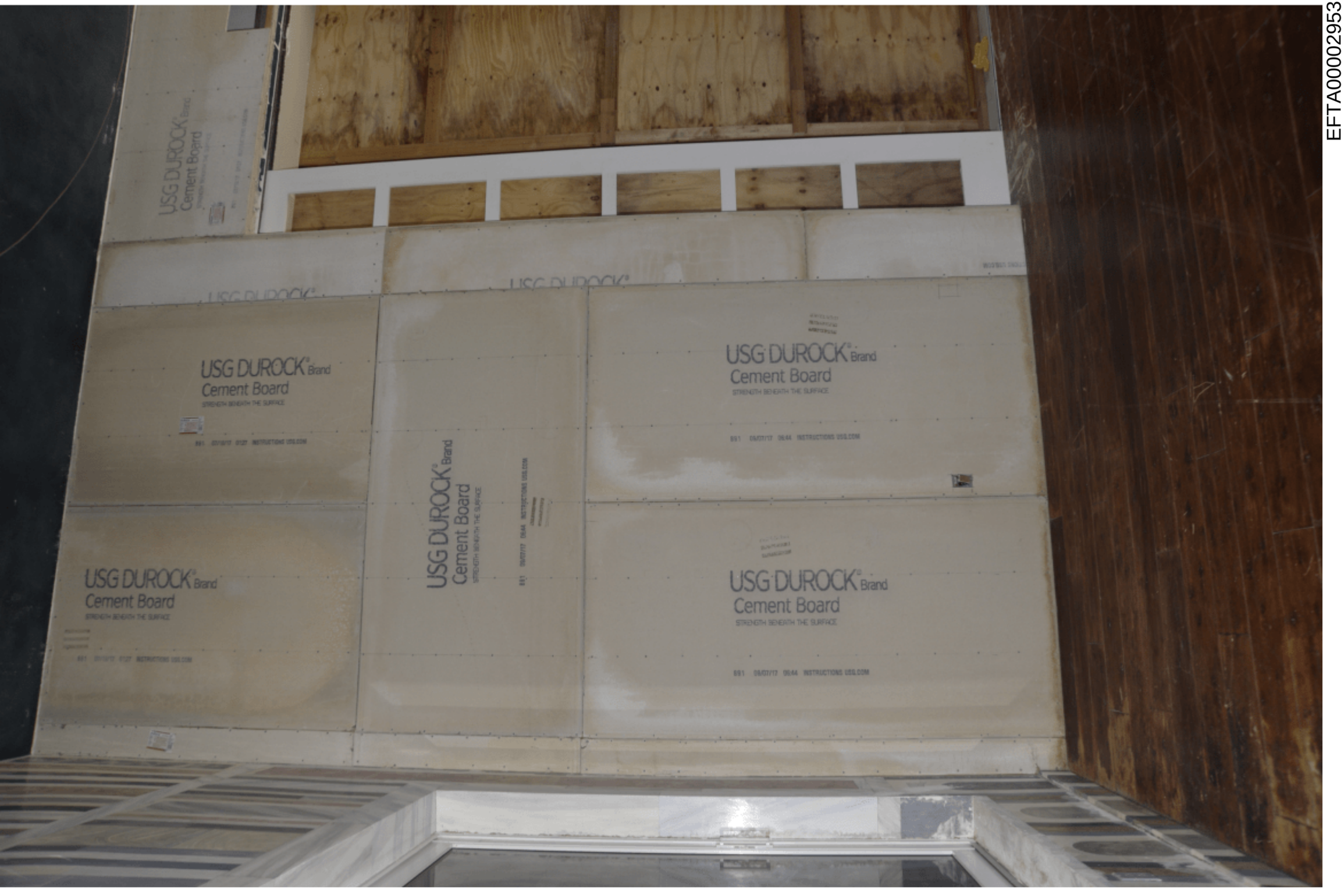
EFTA00002941

EFTA00002942

EFTA00002943

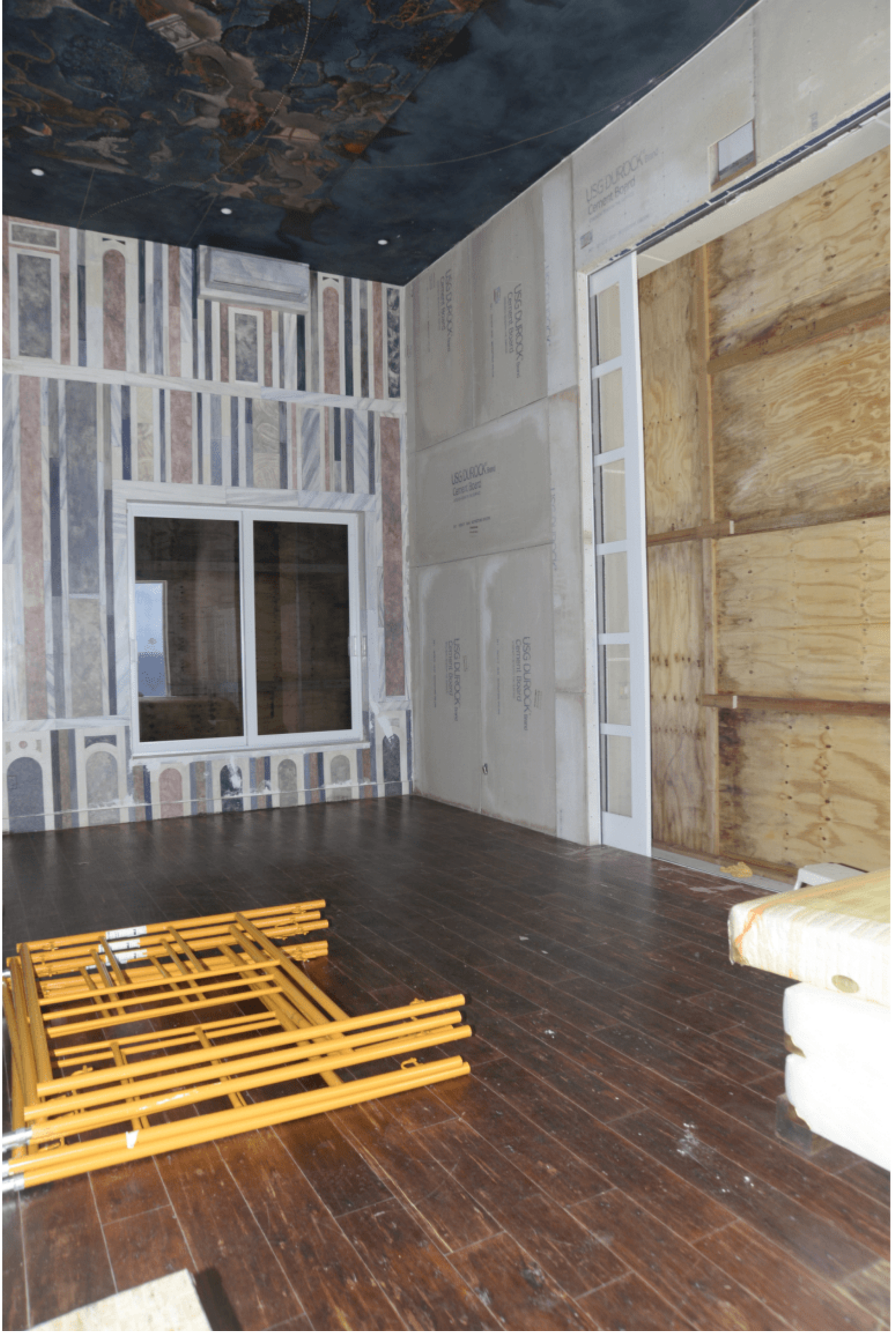
PGT
WinGuard

EFTA00002952



EFTA00002953

USG DUROCK Brand
Cement Board
USG DUROCK Brand
Cement Board
Cement Board


USG DUROCK
Cement Board

Scorpius
Virgo
Libra
CANCER
GEMINI
Serpentarius
Hercules
Bootes
CANES VENATICI
Ursa Major
Draco
Auriga
Perseus
Andromeda
Pegasus
Aquarius
Capricornus
Sagittarius
Aquila
Delphinus
Cygnus
Lyra
Cepheus
Cassiopeia
Aries
Taurus
Pisces
Orion
Canis Major
Lepus
Eridanus
Hydra
Corvus
Crater
Leo
Ursa Minor
Draco
Cassiopeia
Andromeda
Perseus
Auriga
Gemini
Taurus
Orion
Canis Major
Lepus
Eridanus
Hydra
Corvus
Crater
Leo
Virgo
Libra
Scorpius
Sagittarius
Capricornus
Aquarius
Pisces
Aries
Cygnus
Lyra
Aquila
Delphinus
Pegasus
Serpentarius
Hercules
Bootes
Canes Venatici
Ursa Major
Draco
Cepheus

Unicornus
Ursa Major
Canis Venatici
Corona Borealis
Hercules
Draco
Cygnus
Lyra
Aquila
Sagittarius
Scorpius
Ophiuchus
Serpens
Libra
Virgo
Bootes
Corvus
Crater
Hydra
Leo
Leo Minor
Lynx
Gemini
Auriga
Perseus
Cassiopeia
Cepheus
Andromeda
Pegasus
Aries
Taurus
Orion
Eridanus
Cetus
Pisces
Aquarius
Capricornus
Piscis Australis
Grus
Pavo
Indus
Telescopium
Microscopium
Corona Australis
Ara
Lupus
Centaurus
Triangulum Australe
Circinus
Norma
Apus
Musca
Crux
Chamaeleon
Volans
Carina
Vela
Puppis
Monoceros
Canis Major
Lepus
Columba
Antlia
Hydra
Sextans
Crater
Corvus
Canes Venatici
Coma Berenices
Camelopardalis
Lynx
Leo Minor
Leo
Cancer

EFTA00002961

USG DUROCK
Cement Board

CONSTRUCTION YARD

EFTA00002967

EFTA00002968

EFTA00002969

AMBULANCE

EFTA00002971

Ford
TGH 968

GYM

EFTA00002974

EFTA00002975

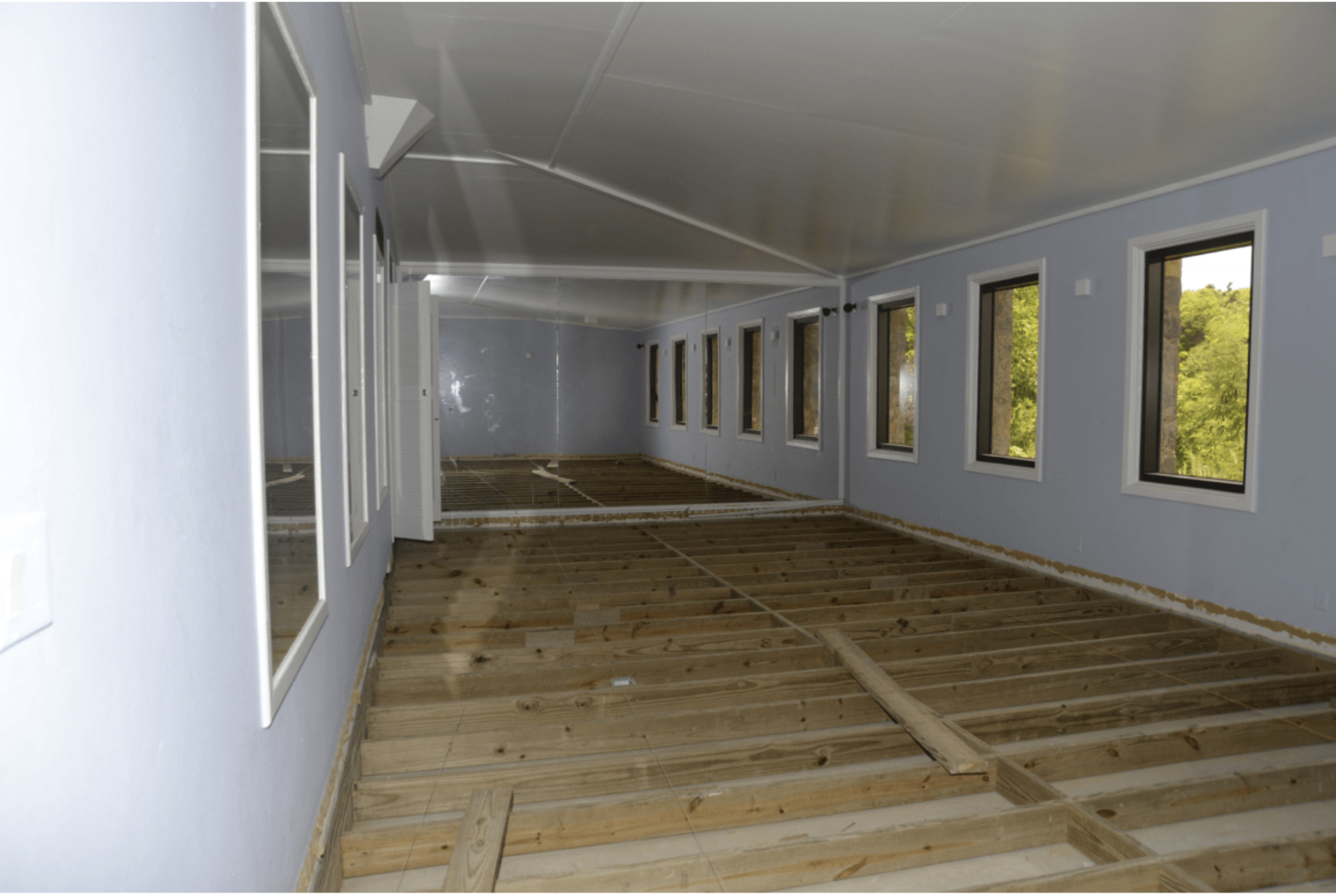
EFTA00002976

EFTA00002977

EFTA00002979

EFTA00002980

EFTA00002989



EFTA00002991

Midea

TEMP-PH-SWITCH
NDC-GYM-FOSW
PTP-RADIO BKP
UNIFI

EFTA00003005

EFTA00003006

BEACH HOUSE

EFTA00003008

EFTA00003010

EFTA00003011

EFTA00003014

EFTA00003015

EFTA00003016

EFTA00003017

KEEP
CALM
AND
CARRY
ON

EFTA00003019

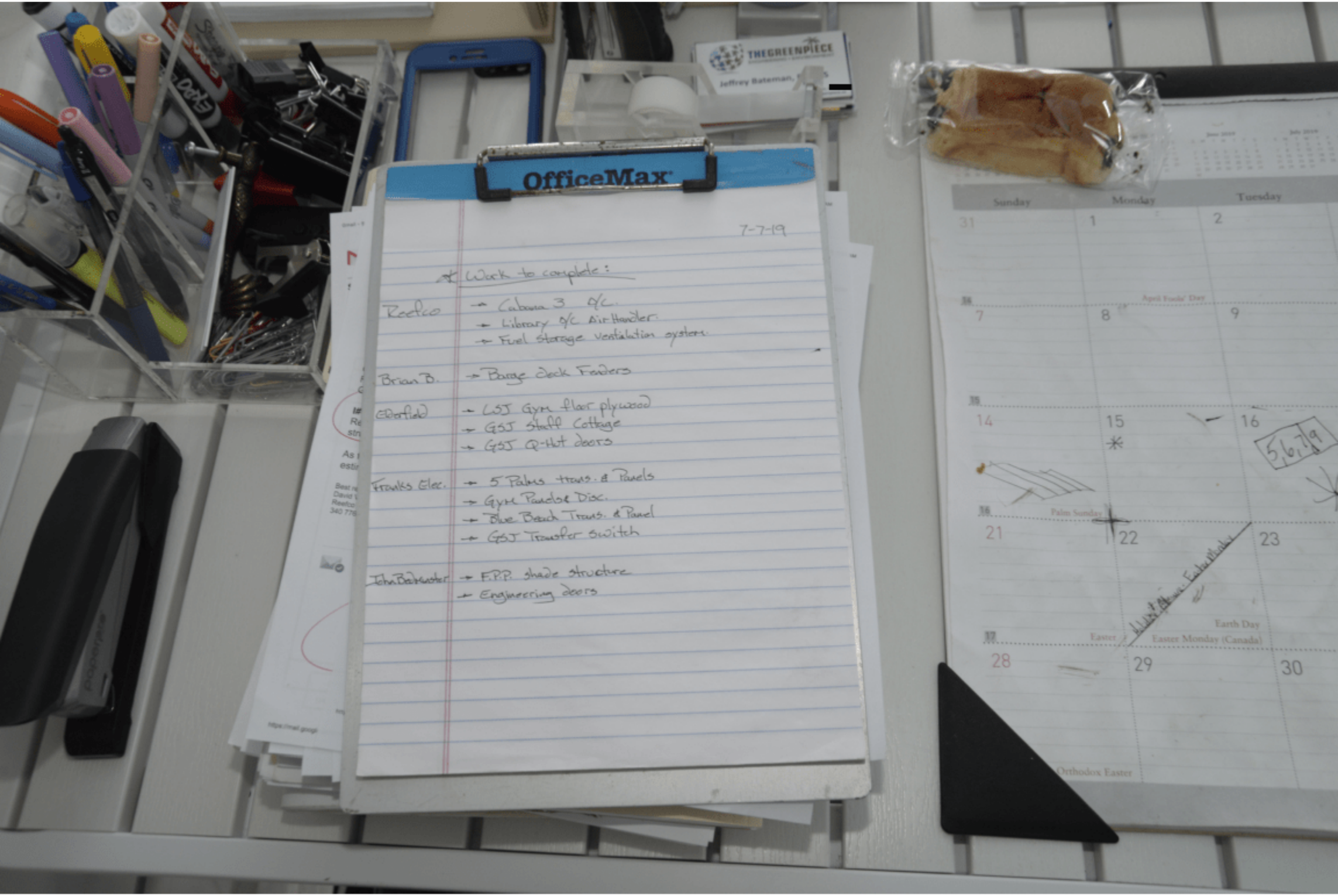
EFTA00003020

EFTA00003022

EFTA00003023

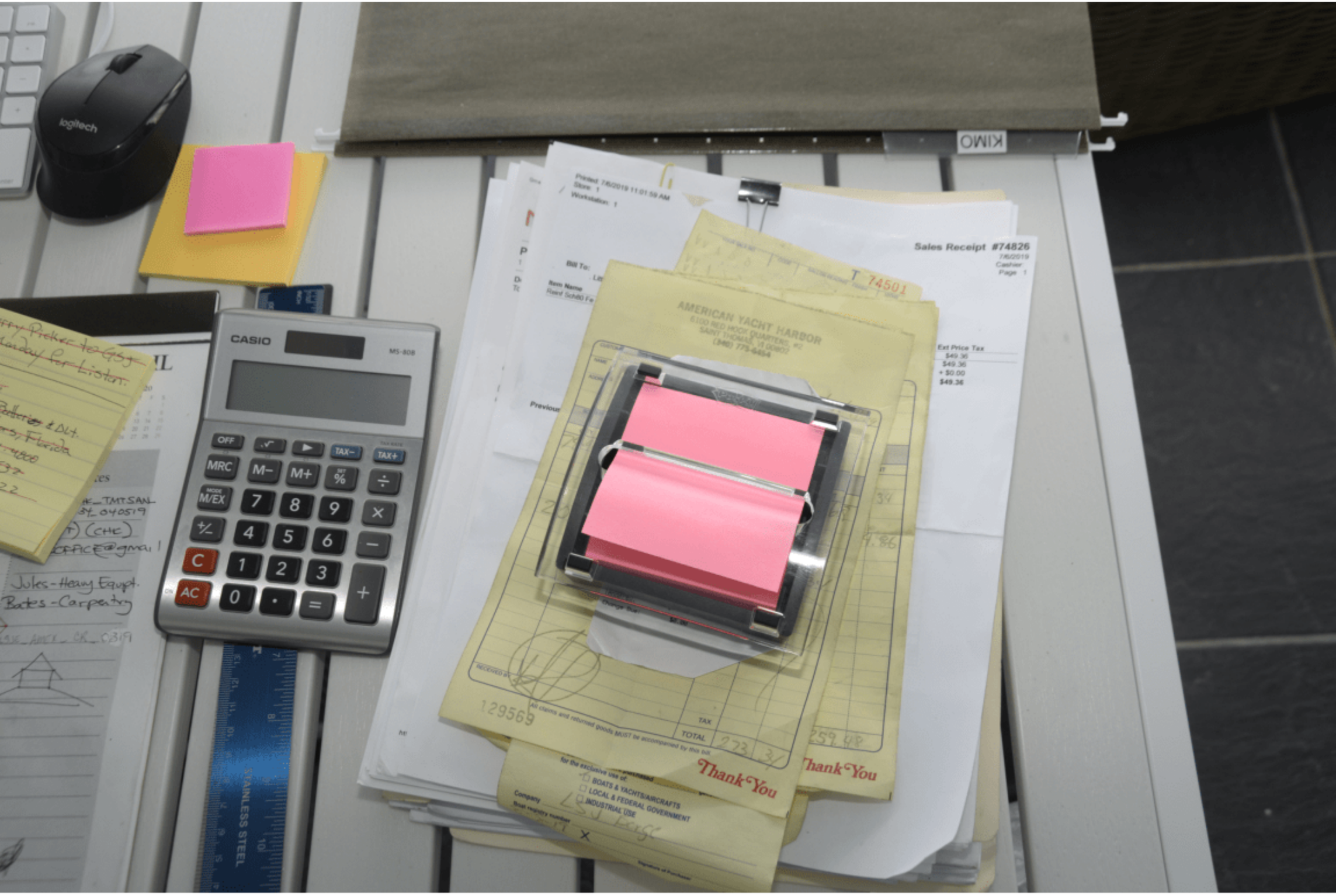
EFTA00003024

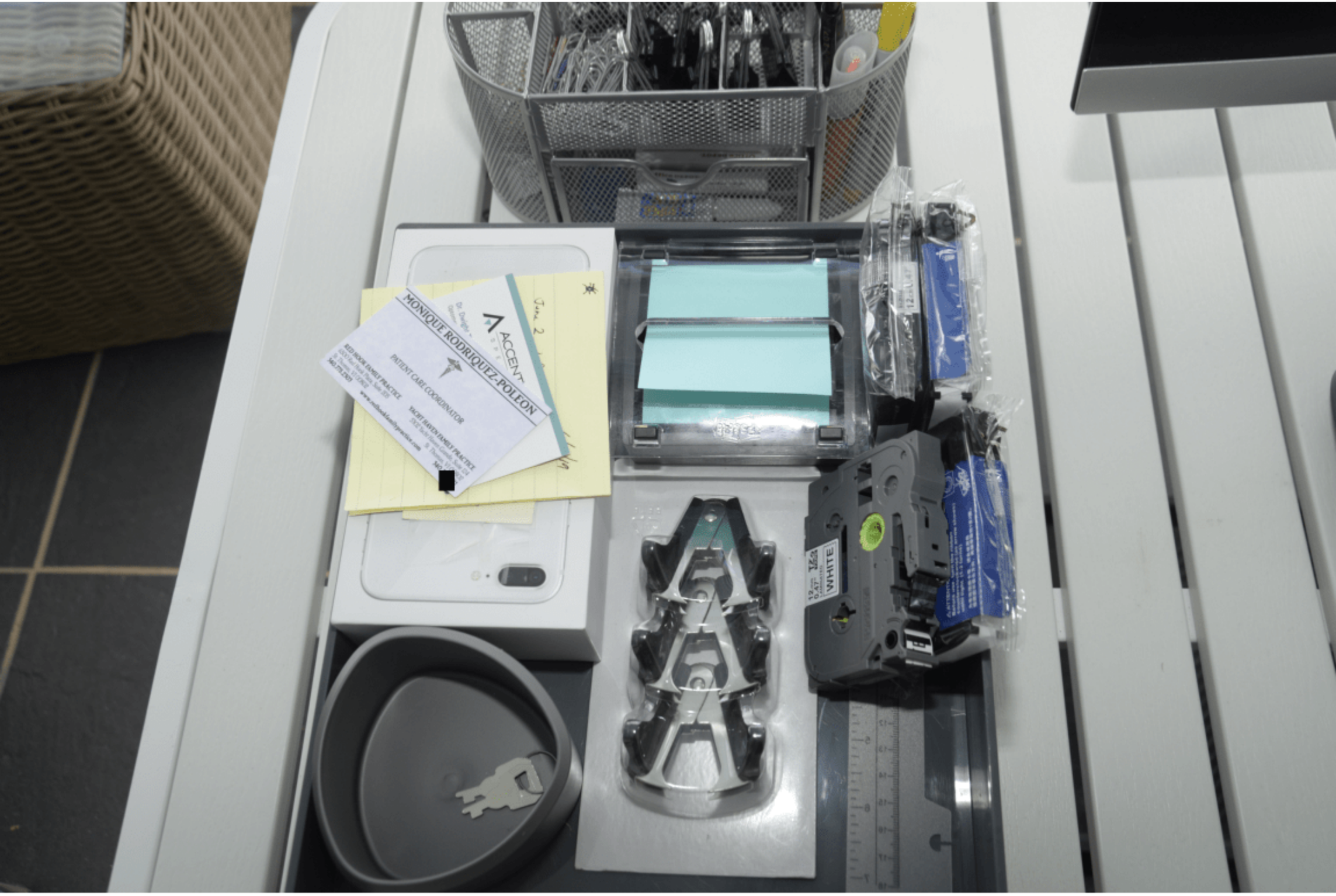
EFTA00003025



EFTA00003026

Sunday
Monday
Tuesday
Wednesday
Thursday
April Fools' Day
Palm Sunday
Good Friday
Passover
begins at sundown
Full Moon
Earth Day
Easter
Easter Monday (Canada)
Administrative
Professionals Day
Orthodox Easter
CASIO


logitech
CASIO
MS-80B
Sales Receipt #74826
AMERICAN YACHT HARBOR
T 74501
Thank You
Thank You
STAINLESS STEEL


MONIQUE RODRIQUEZ-POLEON
PATIENT CARE COORDINATOR
ACCENT
WHITE

LR45149
N122
Z844
Designed by Apple in California Assembled in China Complies with the Canadian ICES-003 Class B specifications. Apparaten skall anslutas till jordat nätuttag.
Model Number: A1311 100-240V~, 50-60Hz 4.0A. Contains FCC ID: QDS-BRCM1029 and IC: 4324A-BRCM1029 and FCC ID: PPD-AR5BXB92 and IC: 4104A-AR5BXB92
Serial No.: W804736DDAS EMC No.: 2389

EFTA00003031

EFTA00003032

EFTA00003033

LSJE, LLC

6100 Red Hook Quarters, Suite B-3, St. Thomas, VI 00802-1348
Phone: [redacted] E-mail: thesaintjames.group@gmail.com

Emergency Contact Form

Today's Date: January 27, 2019 Start Date:

Employee Name: Ashelle Etienne Date of Birth: [redacted]

Physical Address: [redacted] St. Thomas U.S VI 00802

Mailing Address: [redacted] St. Thomas V.I 00802

Cell Phone: [redacted] Phone (other):

E-mail: Marital Status: Single

Title/Position: Driver's License No: [redacted]

Allergies or Health Concerns: None

Blood type:

☐ A- ☐ A+ ☐ AB- ☐ AB+ ☐ B- ☐ B+ ☐ O- ☐ O+ ☐ Unknown

Current Medications: N/A

Doctor's Name: Doctor's Phone:

Doctor's Name: Doctor's Phone:

In case of emergency, please contact:

Name: Relationship: Phone:

Name: Relationship: Phone:

This information is for your safety and the safety of others.

LSJE, LLC

6100 Red Hook Quarters, Suite B-3, St. Thomas, VI 00802-1348
Phone [redacted] E-mail: thesaintjames.group@gmail.com

Emergency Contact Form

Today's Date: 4/9/19 Start Date: 4/5/19

Employee Name: CHARLES DICK Date of Birth: [redacted]

Physical Address: [redacted] ST. THOMAS USVI 00802

Mailing Address: [redacted] ST. THOMAS 00802

Cell Phone: [redacted] Phone (other):

E-mail: Marital Status: single

Title/Position: Driver's License No:

Allergies or Health Concerns: N/A

Blood type:

☐ A- ☐ A+ ☐ AB- ☐ AB+ ☐ B- ☐ B+ ☐ O- ☐ O+ ☑ Unknown

Current Medications: N/A

Doctor's Name: N/A Doctor's Phone:

Doctor's Name: Doctor's Phone:

In case of emergency, please contact:

Name: [redacted] Relationship: FRIEND Phone: [redacted]

Name: [redacted] Relationship: MOTHER Phone:

This information is for your safety and the safety of others.

Declined to Complete.

LSJE, LLC

6100 Red Hook Quarters, Suite B-3, St. Thomas, VI 00802-1348
Phone: [redacted] E-mail: thesaintjames.group@gmail.com

Emergency Contact Form

Today's Date: 04/01/19 Start Date:

Employee Name: Dale Mark Date of Birth:

Physical Address:

Mailing Address:

Cell Phone: Phone (other):

E-mail: Marital Status:

Title/Position: Driver's License No:

Allergies or Health Concerns:

Blood type:

☐ A- ☐ A+ ☐ AB- ☐ AB+ ☐ B- ☐ B+ ☐ O- ☐ O+ ☐ Unknown

Current Medications:

Doctor's Name: Doctor's Phone:

Doctor's Name: Doctor's Phone:

In case of emergency, please contact:

Name: Relationship: Phone:

Name: Relationship: Phone:

This information is for your safety and the safety of others.

LSJE, LLC

6100 Red Hook Quarters, Suite B-3, St. Thomas, VI 00802-1348
Phone: [redacted] E-mail: thesaintjames.group@gmail.com

Emergency Contact Form

Today's Date: 02/19/2019 Start Date:

Employee Name: David Alves Date of Birth: [redacted]

Physical Address: [redacted] St Thomas, VI 00802

Mailing Address: [redacted] Ste 201-303, St Thomas, VI 00802,

Cell Phone: [redacted] Phone (other):

E-mail: [redacted] Marital Status: Married

Title/Position: Driver's License No: [redacted]

Allergies or Health Concerns: N/A

Blood type:

☐ A- ☐ A+ ☐ AB- ☐ AB+ ☐ B- ☐ B+ ☐ O- ☐ O+ ☒ Unknown

Current Medications:

Doctor's Name: Mary McVeun Doctor's Phone: [redacted]

Doctor's Name: Doctor's Phone:

In case of emergency, please contact:

Name: Shelli Alves Relationship: Spouse Phone: [redacted]

Name: Relationship: Phone:

This information is for your safety and the safety of others.

EFTA00003037

LSJE, LLC

6100 Red Hook Quarters, Suite B-3, St. Thomas, VI 00802-1348
Phone: [redacted] E-mail: thesaintjames.group@gmail.com

Emergency Contact Form

Today's Date: 4-16-2019 Start Date: 3-25-2019

Employee Name: Maurice Bedminster Date of Birth: [redacted]

Physical Address: [redacted] St. Thomas U.S.V.I

Mailing Address: [redacted] St. Thomas V.I 00802

Cell Phone: [redacted] Phone (other):

E-mail: [redacted] Marital Status: Single

Title/Position: Driver's License No: [redacted]

Allergies or Health Concerns: NA

Blood type: [redacted] ☐ Unknown

Current Medications: NA

Doctor's Name: Rosal Doctor's Phone: [redacted]

Doctor's Name: Doctor's Phone:

[redacted]

In case of emergency, please contact:

Name: [redacted] Relationship: Friend Phone:

Name: [redacted] Relationship: Brother Phone: [redacted]

This information is for your safety and the safety of others.

Declined to Complete

LSJE, LLC

6100 Red Hook Quarters, Suite B-3, St. Thomas, VI 00802-1348
Phone: [redacted] E-mail: thesaintjames.group@gmail.com

Emergency Contact Form

Today's Date: | Start Date:

Employee Name: Nicholas Victorin | Date of Birth:

Physical Address:

Mailing Address:

Cell Phone: | Phone (other):

E-mail: | Marital Status:

Title/Position: | Driver's License No:

Allergies or Health Concerns:

Blood type:

☐ A- ☐ A+ ☐ AB- ☐ AB+ ☐ B- ☐ B+ ☐ O- ☐ O+ ☐ Unknown

Current Medications:

Doctor's Name: | Doctor's Phone:

Doctor's Name: | Doctor's Phone:

In case of emergency, please contact:

Name: | Relationship: | Phone:

Name: | Relationship: | Phone:

This information is for your safety and the safety of others.

Declined to Complete

LSJE, LLC

6100 Red Hook Quarters, Suite B-3, St. Thomas, VI 00802-1348
Phone: [redacted] E-mail: thesaintjames.group@gmail.com

Emergency Contact Form

Today's Date: | Start Date:

Employee Name: Peter Eli | Date of Birth:

Physical Address:

Mailing Address:

Cell Phone: | Phone (other):

E-mail: | Marital Status:

Title/Position: | Driver's License No:

Allergies or Health Concerns:

Blood type:

☐ A- ☐ A+ ☐ AB- ☐ AB+ ☐ B- ☐ B+ ☐ O- ☐ O+ ☐ Unknown

Current Medications:

Doctor's Name: | Doctor's Phone:

Doctor's Name: | Doctor's Phone:

In case of emergency, please contact:

Name: | Relationship: | Phone:

Name: | Relationship: | Phone:

This information is for your safety and the safety of others.

LSJE, LLC

6100 Red Hook Quarters, Suite B-3, St. Thomas, VI 00802-1348
Phone: [redacted] E-mail: thesaintjames.group@gmail.com

Emergency Contact Form

Today's Date: 4-2-20-19 Start Date: 4-2 20-19

Employee Name: Pierre Auguiste Date of Birth: [redacted]

Physical Address: [redacted]

Mailing Address: [redacted] St Thomas-VI 00802

Cell Phone: [redacted] Phone (other):

E-mail: Marital Status:

Title/Position: MASON and STILL Driver's License No:

Allergies or Health Concerns:

[redacted] ☐ Unknown

Current Medications:

Doctor's Name: Doctor's Phone:

Doctor's Name: Doctor's Phone:

In case of emergency, please contact:

Name: no Phone Relationship: Brother Phone: [redacted]

Name: Beverly Relationship: Siter Phone: [redacted]

This information is for your safety and the safety of others.

EFTA00003041

LSJE, LLC

6100 Red Hook Quarters, Suite B-3, St. Thomas, VI 00802-1348
Phone: [redacted] E-mail: thesaintjames.group@gmail.com

Emergency Contact Form

Today's Date: 2/6/19 Start Date:

Employee Name: Sheridon Glaze Date of Birth: [redacted]

Physical Address: [redacted]

Mailing Address:

Cell Phone: [redacted] Phone (other): [redacted]

E-mail: [redacted] Marital Status:

Title/Position: Driver's License No:

Allergies or Health Concerns:

Blood type:

☐ A- ☐ A+ ☐ AB- ☐ AB+ ☐ B- ☐ B+ ☐ O- ☐ O+ ☐ Unknown

Current Medications:

Doctor's Name: Doctor's Phone:

Doctor's Name: Doctor's Phone:

In case of emergency, please contact:

Name: [redacted] Relationship: Wife Phone: [redacted]

Name: Relationship: Phone:

This information is for your safety and the safety of others.

Relationship In Law Phone 693-8501

LSJE, LLC

6100 Red Hook Quarters Suite B-3 St. Thomas, VI 00802 Tel: [redacted] Fax: [redacted]

Emergency Contact Form

Date: 03/22/18 **Start Date:** 03/22/18

Employee Name: Boniface Loudat

Address: [redacted] St Thomas **Date of Birth:** [redacted]

[redacted] Cell: [redacted] **E-Mail:**

[redacted] / Position: Carpenter/Mason **Marital Status:** Married **License:**

Emergency Information:

Allergies or Health Concerns: None
Blood type unspecified

Blood Type:

Current Medication:

Doctor's Name: Dodglas **Phone:**

Doctor's Name: Dodglas **Phone:**

In case of an Emergency, Please contact :

Name [redacted] Relationship Wife Phone [redacted]

Name [redacted] Relationship In Law Phone

This Information is for your safety and the safety of others

LSJE, LLC

6100 Red Hook Quarters, Suite B-3, St. Thomas, VI 00802-1348
Phone: [redacted] E-mail: thesaintjames.group@gmail.com

Emergency Contact Form

Today's Date: 10/17/18 Start Date:

Employee Name: Brian Bates Date of Birth:

Physical Address: [redacted]

Mailing Address: [redacted]

Cell Phone: [redacted] Phone (other):

E-mail: Marital Status: Single

Title/Position: Contractor Driver's License No: [redacted]

Allergies or Health Concerns: [redacted]

Blood type:

☐ A- ☐ A+ ☐ AB- ☐ AB+ ☐ B- ☐ B+ ☐ O- ☐ O+ ☒ Unknown

Current Medications: None

Doctor's Name: Jamie Reed Doctor's Phone: [redacted]

Doctor's Name: None Doctor's Phone:

In case of emergency, please contact:

Name: [redacted] Relationship: Girlfriend Phone: [redacted]

Name: Relationship: Phone:

This information is for your safety and the safety of others.

LSJE, LLC

6100 Red Hook Quarters, Suite B-3, St. Thomas, VI 00802-1348
Phone: [redacted] E-mail: thesaintjames.group@gmail.com

Emergency Contact Form

Today's Date:	10/15/18	Start Date:	
Employee Name:	Carlos L Rodriguez	Date of Birth:	[redacted]
Physical Address:	[redacted] St Thomas, VI 00802		
Mailing Address:	6501 Red Hook Plaza		
Cell Phone:	[redacted]	Phone (other):	
E-mail:	[redacted]	Marital Status:	Married
Title/Position:	Captain	Driver's License No:	[redacted]

Allergies or Health Concerns:

Blood type:

☐ A- ☐ A+ ☐ AB- ☐ AB+ ☐ B- ☐ B+ ☐ O- ☐ O+ ☒ Unknown

Current Medications: None

Doctor's Name:	Dr. Livingston	Doctor's Phone:	[redacted]
Doctor's Name:		Doctor's Phone:	

In case of emergency, please contact:

Name:	[redacted]	Relationship:	Wife	Phone:	[redacted]
Name:		Relationship:		Phone:	

This information is for your safety and the safety of others.

LSJE, LLC

6100 Red Hook Quarters Suite B-3 St. Thomas, VI 00802 Tel: 340-775-8100 Fax: 340-775-8108

Emergency Contact Form

Date: 06/08/18 **Start Date:**

Employee Name: Cristobal Hidalgo Herrera

Address: [redacted] **Date of Birth:** [redacted]

Phone [redacted] Cell: **E-Mail:**

Title / Position: Irrigation Marital Status: Single **License:**

Emergency Information:

Blood type unspecified

Allergies or Health Concerns:

Blood Type:

None

Current Medication:

Doctor's Name: **Phone:**

Doctor's Name: **Phone:**

In case of an Emergency, Please contact :

Name Viligio Herrera Relationship Brother Phone [redacted]

Name Relationship Phone

This Information is for your safety and the safety of others

EFTA00003046

LSJE, LLC

6100 Red Hook Quarters Suite B-3 St. Thomas, VI 00802 Tel: 340-775-8100 Fax: 340-775-8108

Emergency Contact Form

Date: _____ Start Date: _____

Employee Name: Cuthbert F Titre

Address: [redacted] St. Thomas, VI 00802 Date of Birth: _____

Phone: _____ Cell: [redacted] E-Mail: _____

Title / Position: _____ Marital Status: Single License: _____

Emergency Information:

Allergies or Health Concerns: [redacted]

Blood Type: [redacted]

Current Medication:

Doctor's Name: Maria Juelle **Phone:** _____

Doctor's Name: _____ **Phone:** _____

In case of an Emergency, Please contact :

Name [redacted] Relationship Sister Phone [redacted]

Name [redacted] Relationship Brother Phone

This Information is for your safety and the safety of others

EFTA00003047

LSJE, LLC

6100 Red Hook Quarters Suite B-3 St. Thomas, VI 00802 Tel: [redacted] Fax: [redacted]

Emergency Contact Form

Date: 04/10/18 **Start Date:** 04/10/18

Employee Name: Dalce Gusneme

Address: [redacted] **Date of Birth:** [redacted]

Phone: Cell: [redacted] E-Mail:

Title / Position: Landscaping Marital Status: Married License:

Emergency Information:

Blood type not specified

Allergies or Health Concerns:

Blood Type:

Current Medication:

Doctor's Name: **Phone:**

Doctor's Name: **Phone:**

In case of an Emergency, Please contact :

Name [redacted] Relationship Sister Phone [redacted]

Name Relationship Phone

This Information is for your safety and the safety of others

LSJE, LLC

6100 Red Hook Quarters Suite B-3 St. Thomas, VI 00802 Tel: 340-775-8100 Fax: 340-775-8108

Emergency Contact Form

Date: 06/04/18 **Start Date:**

Employee Name: Danny Etienne

Address: [redacted] **Date of Birth:** [redacted]

Phone: [redacted] Cell [redacted] **E-Mail:**

Title / Position: Maintenance Marital Status: Single License:

Emergency Information:

Allergies or Health Concerns:

Blood Type:

Current Medication:

Doctor's Name: Dodglas **Phone:**

Doctor's Name: Dodglas **Phone:**

In case of an Emergency, Please contact :

Name Maria Relationship Etienne Phone [redacted]

Name [redacted] Relationship Girlfriend Phone

This Information is for your safety and the safety of others

LSJE, LLC

6100 Red Hook Quarters, Suite B-3, St. Thomas, VI 00802-1348
Phone: [redacted] E-mail: thesaintjames.group@gmail.com

Emergency Contact Form

Today's Date: 10/18/18 Start Date:

Employee Name: Donald Poilon Date of Birth:

Physical Address:

Mailing Address:

Cell Phone: Phone (other):

E-mail: Marital Status:

Title/Position: Driver's License No:

Allergies or Health Concerns:

Blood type:

☐ A- ☐ A+ ☐ AB- ☐ AB+ ☐ B- ☐ B+ ☐ O- ☐ O+ ☐ Unknown

Current Medications:

Doctor's Name: Doctor's Phone:

Doctor's Name: Doctor's Phone:

In case of emergency, please contact:

Name: [redacted] Relationship: Phone:

Name: [redacted] Relationship: Phone: [redacted]

This information is for your safety and the safety of others.

LSJE, LLC

6100 Red Hook Quarters Suite B-3 St. Thomas, VI 00802 Tel: [redacted] Fax: [redacted]

Emergency Contact Form

Date: 04/10/18 **Start Date:** 04/10/18

Employee Name: Dusson B. Donissaint

Address: [redacted] St Thomas, VI 00802 **Date of Birth:** [redacted]

Phone: [redacted] Cell: [redacted] E-Mail: [redacted]

Title / Position: Lands... Marital Status: Married License:

Emergency Information

Blood type not specified

Allergies or Health Concerns:

Blood Type:

Current Medication:

Doctor's Name: **Phone:**

Doctor's Name: **Phone:**

In case of an Emergency, Please contact :

Name [redacted] Relationship Friend Phone [redacted]

Name Relationship Phone

This Information is for your safety and the safety of others

LSJE, LLC

6100 Red Hook Quarters Suite B-3 St. Thomas, VI 00802 Tel: 340-775-8100 Fax: 340-775-8108

Emergency Contact Form

Date: 06/14/18 Start Date: _____

Employee Name: Felito Joseph

Address: [redacted] Date of Birth: [redacted]

Phone: [redacted] Cell: [redacted] E-Mail: _____

Title / Position: Tr... Marital Status: Single License: _____

Emergency Information

Allergies or Health Concerns: _____

Blood Type: [redacted]

Current Medication:

Doctor's Name: _____ **Phone:** _____

Doctor's Name: _____ **Phone:** _____

In case of an Emergency, Please contact :

Name Jennifer Relationship Girlfriend Phone [redacted]

Name Fay Relationship sister Phone _____

This Information is for your safety and the safety of others

LSJE, LLC

6100 Red Hook Quarters Suite B-3 St. Thomas, VI 00802 Tel [redacted] ax: [redacted]

Emergency Contact Form

Date: 03/19/18 Start Date: _____

Employee Name: Gael J Leatham

Address: [redacted] Date of Birth: [redacted]

Phone: _____ Cell: [redacted] E-Mail: _____

Title / Position: Landscaping Marital Status: Single License: [redacted]

Emergency Information:

Allergies or Health Concerns:

Blood Type: [redacted]

Current Medication:

Doctor's Name: _____ **Phone:** _____

Doctor's Name: _____ **Phone:** _____

In case of an Emergency, Please contact :

Name [redacted] Relationship Girlfriend Phone [redacted]

Name [redacted] Relationship Sister Phone

This Information is for your safety and the safety of others

LSJE, LLC

6100 Red Hook Quarters Suite B-3 St. Thomas, VI 00802 Tel: [redacted] Fax: [redacted]

Emergency Contact Form

Date: 03/20/18 Start Date: _____

Employee Name: Gerry Titre

Address: [redacted] St Thomas, VI 00802 Date of Birth: [redacted]

Phone: _____ Cell: [redacted] E-Mail: n/a

Title / Position: Maintenance Marital Status: Married License: _____

Emergency Information:

Allergies or Health Concerns: [redacted]

Blood Type: [redacted]

Current Medication:

Doctor's Name: Red Hook Family Practice **Phone:** _____

Doctor's Name: _____ **Phone:** _____

In case of an Emergency, Please contact :

Name Valerie Relationship Wife Phone [redacted]

Name Gerrycia Relationship Daughter Phone

This Information is for your safety and the safety of others

LSJE, LLC

6100 Red Hook Quarters Suite B-3 St. Thomas, VI 00802 Tel: [redacted] Fax: [redacted]

Emergency Contact Form

Date: 03/19/18 **Start Date:**

Employee Name: Hilian Bedminster

Address: [redacted] SNQ14D **Date of Birth:** [redacted]

Phone: [redacted] Cell: [redacted] E-Mail:

Title / Position: Painting Marital Status: Single License: [redacted]

Emergency Information:

Allergies or Health Concerns:

Blood Type: [redacted]

Current Medication:

Doctor's Name: **Phone:**

Doctor's Name: **Phone:**

In case of an Emergency, Please contact :

Name [redacted] Relationship Mother Phone [redacted]

Name Ann Relationship Anty Phone

This Information is for your safety and the safety of others

LSJE, LLC

6100 Red Hook Quarters Suite B-3 St. Thomas, VI 00802 Tel: [redacted] Fax: [redacted]

Emergency Contact Form

Date: 04/10/18 **Start Date:** 05/04/17

Employee Name: James Cesar

Address: [redacted], St Thomas **Date of Birth:** [redacted]

Phone: [redacted] Cell: E-Mail: [redacted]

Title / Position: Carpenter Marital Status: Married License:

Emergency Information:

Allergies or Health Co[illegible] [illegible]specified

Blood Type:

Current Medication:

Doctor's Name: **Phone:**

Doctor's Name: **Phone:**

In case of an Emergency, Please contact :

Name [redacted] Relationship Phone

[illegible]ame [redacted] Relationship Phone [redacted]

This Information is for your safety and the safety of others

LSJE, LLC

6100 Red Hook Quarters Suite B-3 St. Thomas, VI 00802 Tel: 340-775-8100 Fax: 340-775-8108

Emergency Contact Form

Date: 04/10/18 Start Date: 05/04/17

Employee Name: James Cesar

Address: [redacted] Date of Birth: [redacted]

Phone: [redacted] Cell: E-Mail: [redacted]

Title / Position: Carpenter Marital Status: Married License:

Emergency Information:

Allergies or Health Concerns: None Specified

Blood Type:

Current Medication:

Doctor's Name: **Phone:**

Doctor's Name: **Phone:**

In case of an Emergency, Please contact :

Name Wisner Piern Relationship Phone [redacted]

Name Afred Piern Relationship Phone

This Information is for your safety and the safety of others

LSJE, LLC

6100 Red Hook Quarters Suite B-3 St. Thomas, VI 00802 Tel: 340-775-8100 Fax: 340-775-8108

Emergency Contact Form

Date: 03/16/18 Start Date: _____

Employee Name: Justina de la Cruz

Address: [redacted] Date of Birth: [redacted]

Phone: _____ Cell: [redacted] E-Mail: _____

Title / Position: Housekeeper Marital Status: Married License: _____

Emergency Information:

Allergies or Health Concerns: NA

Blood Type: [redacted]

Current Medication:

Doctor's Name: _____ **Phone:** _____

Doctor's Name: _____ **Phone:** _____

In case of an Emergency, Please contact :

Name Feliz de la Cruz Relationship Husband Phone [redacted]

Name Bembenido Gedeno Relationship Brother Phone

This Information is for your safety and the safety of others

EFTA00003058

LSJE, LLC

6100 Red Hook Quarters, Suite B-3, St. Thomas, VI 00802-1348
Phone: [redacted] E-mail: thesaintjames.group@gmail.com

Emergency Contact Form

Today's Date: 09/25/18 Start Date: 10/01/18

Employee Name: Keshaun Williams Date of Birth: [redacted]

Physical Address:

Mailing Address:

Cell Phone: [redacted] Phone (other):

E-mail: Marital Status:

Title/Position: Engineer Driver's License No:

Allergies or Health Concerns: N/A

Blood type: [redacted] ☐ Unknown

Current Medications:

Doctor's Name: Doctor's Phone:

Doctor's Name: Doctor's Phone:

In case of emergency, please contact:

Name: [redacted] Relationship: Mom Phone:

Name: [redacted] Relationship: Friend Phone: [redacted]

This information is for your safety and the safety of others.

LSJE, LLC

6100 Red Hook Quarters Suite B-3 St. Thomas, VI 00802 Tel: [redacted] Fax: 3[redacted]

Emergency Contact Form

Date: 03/19/18 Start Date:

Employee Name: Leida ~~Pagan~~ Hernandez

Address: [redacted] Date of Birth: [redacted]

Phone [redacted] Cell: [redacted] E-Mail: [redacted]

Title / Position: Housekeeping Marital Status: Married License:

In Emergency Information:

Allergies or Health Concerns: [redacted]

Blood Type:

Current Medication:

Doctor's Name: Coorbin **Phone:** [redacted]

Doctor's Name: Coorbin **Phone:**

In case of an Emergency, Please contact :

Name [redacted] Relationship Married Phone [redacted]

Name [redacted] Relationship Son Phone

This Information is for your safety and the safety of others

LSJE, LLC

6100 Red Hook Quarters Suite B-3 St. Thomas, VI 00802 Tel: [redacted] Fax: [redacted]

Emergency Contact Form

Date: 06/14/18 Start Date: 04/20/18

Employee Name: Michael J Glidden

Address: GSJ Date of Birth: [redacted]

Phone: [redacted] Cell: [redacted] E-Mail: [redacted]

Title / Position: Engineer Marital Status: Divorce License: [redacted]

Emergency Information:

Allergies or Health Concerns: None

Blood Type: [redacted]

Current Medication: None

Doctor's Name: **Phone:**

Doctor's Name: **Phone:**

In case of an Emergency, Please contact :

Name [redacted] Relationship Son Phone [redacted]

Name [redacted] Relationship Brother Phone

This Information is for your safety and the safety of others

LSJE, LLC

6100 Red Hook Quarters Suite B-3 St. Thomas, VI 00802 Tel: [redacted] Fax: [redacted]

Emergency Contact Form

Date: 04/09/18 **Start Date:**

Employee Name: Onel Pierresaint

Address: **Date of Birth:** [redacted]

Phone: [redacted] Cell: E-Mail:

Title / Position: Marital Status: Married License:

Emergency Information:

Allergies or Health Concerns: Blood type unspecified

Blood Type:

Current Medication: [redacted]

Doctor's Name: Rosal Joselito **Phone:** [redacted]

Doctor's Name: **Phone:**

In case of an Emergency, Please contact :

Name [redacted] Relationship Wife Phone

[redacted] Relationship Friend Phone

This Information is for your safety and the safety of others

EFTA00003062

LSJE, LLC

6100 Red Hook Quarters Suite B-3 St. Thomas, VI 00802 Tel: 340-775-8100 Fax: 340-775-8108

Emergency Contact Form

Date: 03/19/18 **Start Date:** 10/01/16

Employee Name: Oriole Joseph

Address: [redacted] **Date of Birth** [redacted]

Phone [redacted] **Cell:** [redacted] **E-Mail:**

Title / Position: Maintenance **Marital Status:** Single **License:**

Emergency Information:

Allergies or Health Concerns: Blood type unspecified

Blood Type:

Current Medication:

Doctor's Name: **Phone:**

Doctor's Name: **Phone:**

In case of an Emergency, Please contact :

Name [redacted] **Relationship** Cousin **Phone** [redacted]

Name [redacted] **Relationship** Cousin **Phone**

This Information is for your safety and the safety of others

LSJE, LLC

6100 Red Hook Quarters Suite B-3 St. Thomas, VI 00802 Tel: [redacted] Fax: [redacted]

Emergency Contact Form

Date: 03/19/18 Start Date: 02/05/18

Employee Name: Patrick L. Cena

Address: [redacted] Ste 201, St Thomas VI 00802 Date of Birth: [redacted]

Phone: [redacted] Cell: [redacted] E-Mail: [redacted]

Title / Position: Captain Marital Status: Divorce License:

Emergency Information:

Allergies or Health Concerns: No blood type specified

Blood Type:

Current Medication:

Doctor's Name: **Phone:**

Doctor's Name: **Phone:**

In case of an Emergency, Please contact :

Name [redacted] Relationship Father/Stepmother Phone [redacted]

Name [redacted] Relationship Friend Phone

This Information is for your safety and the safety of others

LSJE, LLC

6100 Red Hook Quarters, Suite B-3, St. Thomas, VI 00802-1348
Phone: [redacted] E-mail: thesaintjames.group@gmail.com

Emergency Contact Form

Today's Date: 10/21/18

Start Date:

Employee Name: Peter St Omer

Date of Birth: [redacted]

Physical Address: [redacted]

Mailing Address: [redacted] St Thomas, VI 00802

Cell Phone: [redacted]

Phone (other):

E-mail:

Marital Status: Married

Title/Position: Operator

Driver's License No: [redacted]

Allergies or Health Concerns: N/A

Blood type:

[redacted] ☐ Unknown

Current Medications:

Doctor's Name:

Doctor's Phone:

Doctor's Name:

Doctor's Phone:

In case of emergency, please contact:

Name: Kishma Relationship: Friend Phone: [redacted]

Name: Demitri Relationship: Son Phone:

This information is for your safety and the safety of others.

LSJE, LLC

6100 Red Hook Quarters Suite B-3 St. Thomas, VI 00802 Tel: [redacted] Fax: [redacted]

Emergency Contact Form

Date: 03/25/18 Start Date:

Employee Name: Pierre Jules

Address: [redacted] Date of Birth:

Phone: [redacted] Cell: E-Mail: n/a

Title / Position: Operator Marital Status: Single License:

Emergency Information:

Allergies or Health Concerns: n/a
Blood type unspecified

Blood Type:

Current Medication:

Doctor's Name: n/a **Phone:** n/a

Doctor's Name: n/a **Phone:** n/a

In case of an Emergency, Please contact :

Name [redacted] Relationship Brother Phone

Name [redacted] Relationship Friend Phone [redacted]

This Information is for your safety and the safety of others

LSJE, LLC

6100 Red Hook Quarters Suite B-3 St. Thomas, VI 00802 Tel: [redacted] Fax: [redacted]

Emergency Contact Form

Date: 04/11/12 Start Date: _____

Employee Name: Randy Amparo

Address: [redacted] Date of Birth: [redacted]

Phone: _____ Cell: [redacted] E-Mail: [redacted]

Title / Position: Boat Captain Marital Status: Single License: _____

Emergency Information:

Allergies or Health Concerns: NA

Blood Type: [redacted]

Current Medication:

Doctor's Name: _____ **Phone:** _____

Doctor's Name: _____ **Phone:** _____

In case of an Emergency, Please contact :

Name [redacted] Relationship Father Phone [redacted]

Name [redacted] Relationship Mother Phone [redacted]

This Information is for your safety and the safety of others

LSJE, LLC

6100 Red Hook Quarters Suite B-3 St. Thomas, VI 00802 Tel: [redacted] Fax: [redacted]

Emergency Contact Form

Date: 04/09/18 Start Date:

Employee Name: [redacted]

Address: [redacted] St. Thomas, VI 00802 Date of Birth: [redacted]

Phone: [redacted] Cell: [redacted] E-Mail:

Title / Position: Housekeeper Marital Status: Married License:

Emergency Information:

Allergies or Health Concerns: No

Blood Type: [redacted]

Current Medication:

Doctor's Name: **Phone:**

Doctor's Name: **Phone:**

In case of an Emergency, Please contact :

Name [redacted] Relationship Phone [redacted]

Name [redacted] Relationship Pastor Phone

This Information is for your safety and the safety of others

LSJE, LLC

6100 Red Hook Quarters Suite B-3 St. Thomas, VI 00802 Tel: 340-775-8100 Fax: 340-775-8108

Emergency Contact Form

Date: 09/10/18 **Start Date:** 08/26/2018

Employee Name: Stephanie Remington

Address: [redacted]18-1-3 Estate Smith Bay 00802 **Date of Birth:** [redacted]

Phone: **Cell:** [redacted] **E-Mail:** [redacted]

Title / Position: Asst to Manager **Marital Status:** Single **License:** [redacted]

Emergency Information:

Allergies or Health Concerns: [redacted]

Blood Type: [redacted]

Current Medication: [redacted]

Doctor's Name: Island Health & Wellness Center **Phone** [redacted]

Doctor's Name: **Phone:**

In case of an Emergency, Please contact :

Name [redacted] Relationship Friend Phone [redacted]

[redacted]ame [redacted] Relationship Son Phone

This Information is for your safety and the safety of others

LSJE, LLC

6100 Red Hook Quarters, Suite B-3, St. Thomas, VI 00802-1348
Phone: [redacted] E-mail: thesaintjames.group@gmail.com

Emergency Contact Form

Today's Date: 01/11/18

Start Date:

Employee Name: Sylvester Gaillard

Date of Birth: [redacted]

Physical Address: [redacted] St Thomas, VI

Mailing Address: [redacted] St Thomas, VI

Cell Phone: [redacted]

Phone (other):

E-mail:

Marital Status: Single

Title/Position: Supervisor

Driver's License No: [redacted]

Allergies or Health Concerns: None

Blood type: [redacted] ☐ Unknown

Current Medications: Diabetic Medications

Doctor's Name: Dr. Alah

Doctor's Phone:

Doctor's Name:

Doctor's Phone:

In case of emergency, please contact:

Name: [redacted] Relationship: Mother Phone: [redacted]

Name: Relationship: Phone:

This information is for your safety and the safety of others.

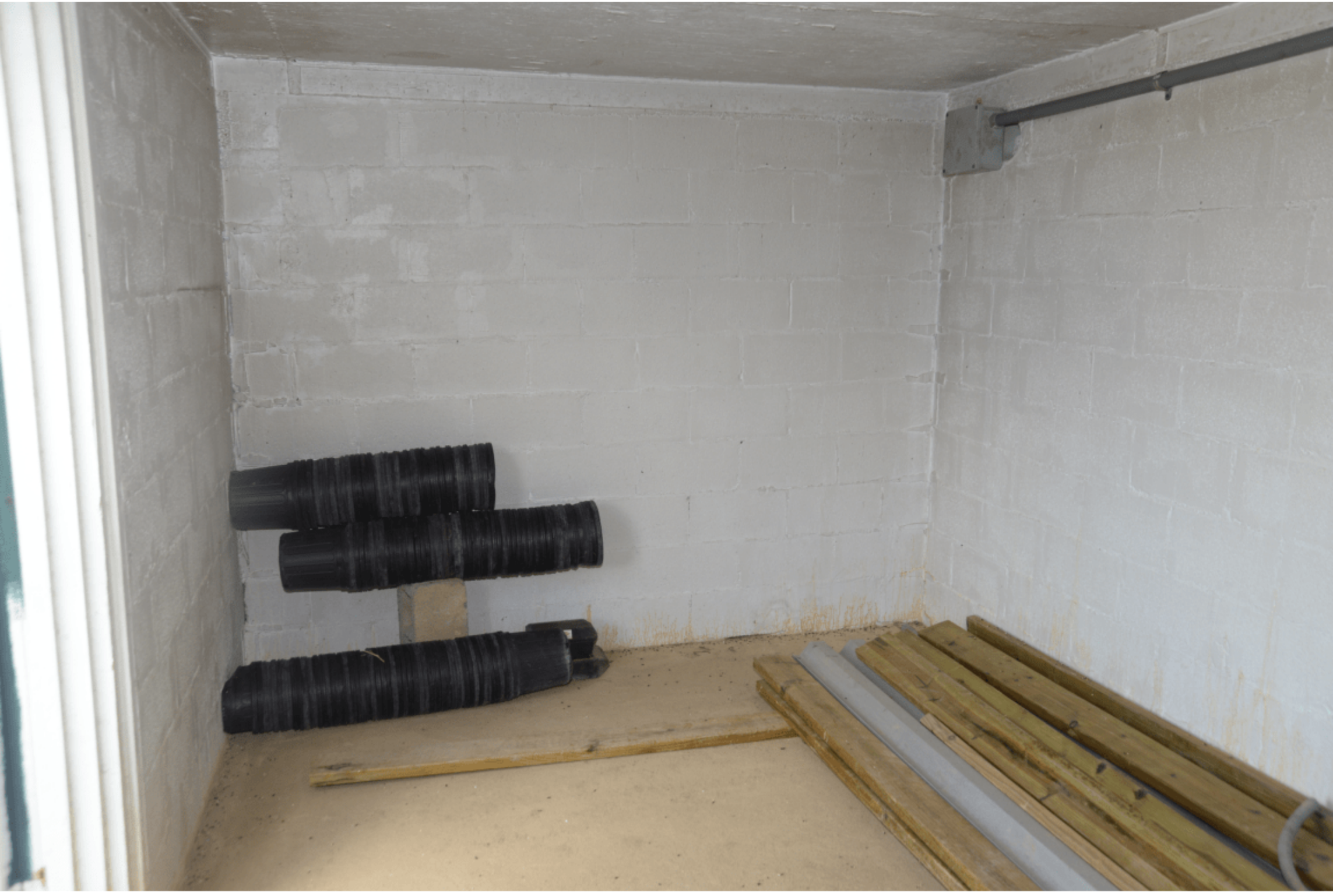
EFTA00003071

KEEP
CALM
AND
CARRY
ON

UTILITY
BUNKER

EFTA00003075

EFTA00003076



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EFTA00003081

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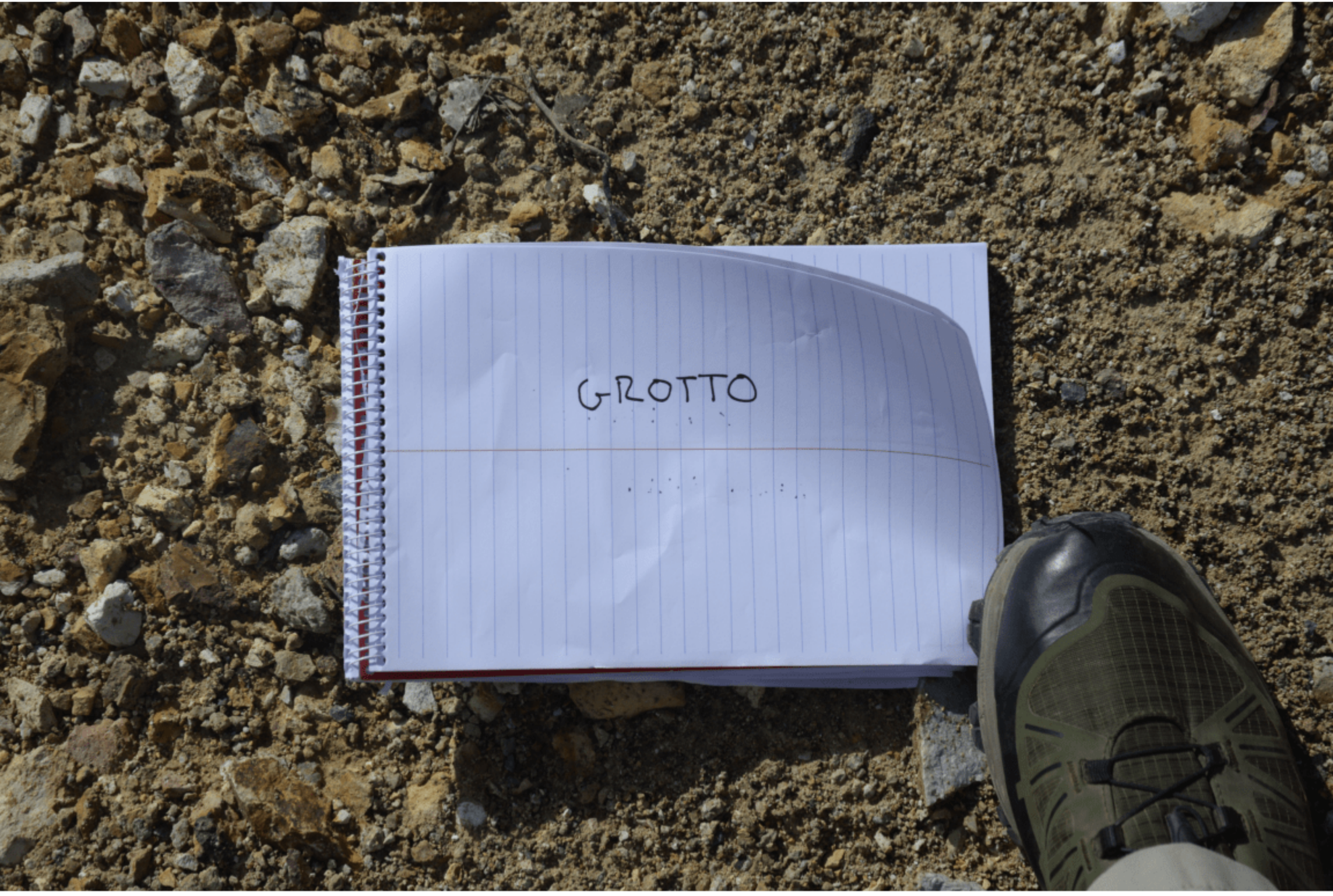
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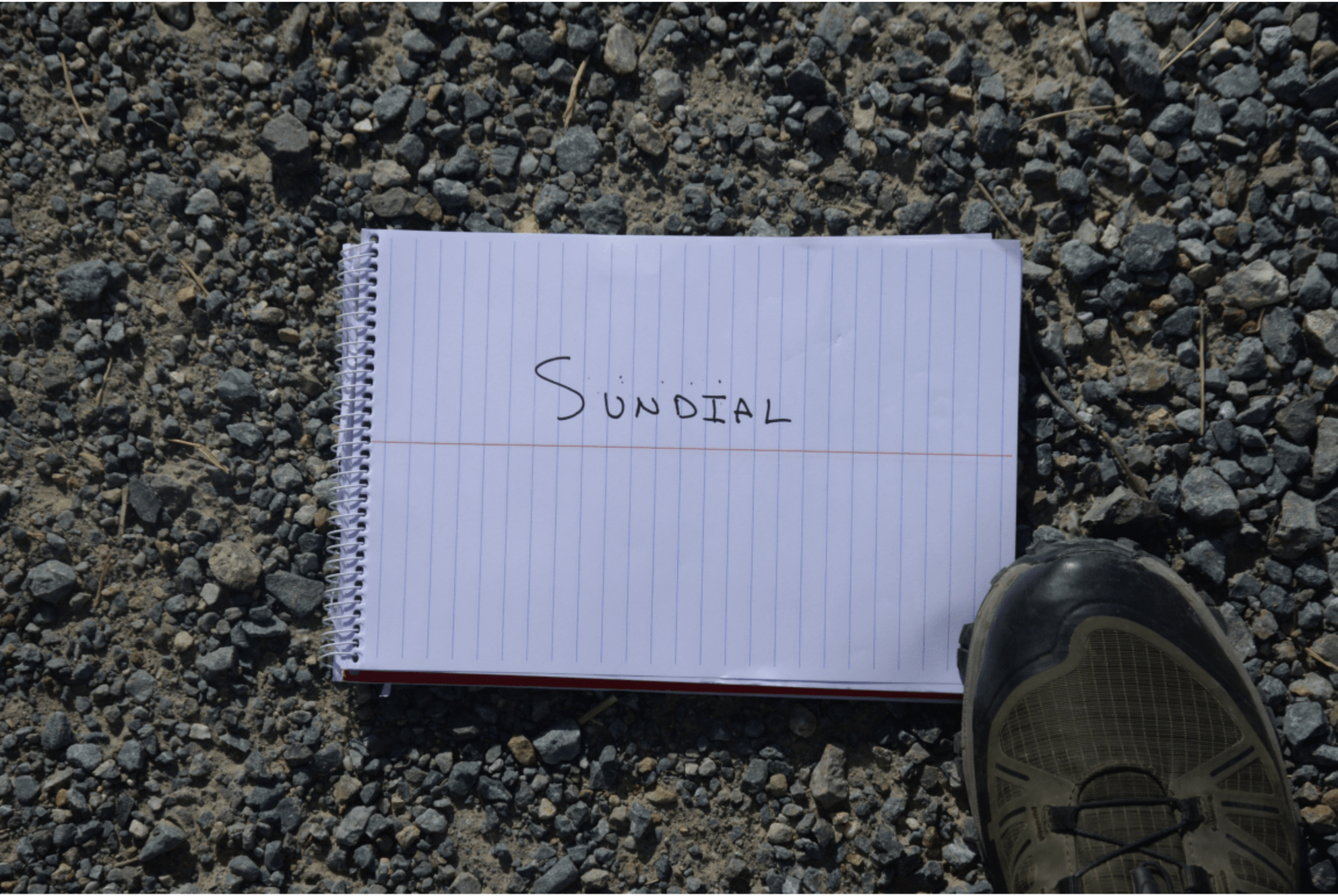
EFTA00003087

EFTA00003090



EFTA00003092

EFTA00003093

EFTA00003094

GENERAL INFORMATION

DATE 8/12/2019
CASE ID 31E-NY-3027571
LOCATION Little St. James Island USVI Zone C+D
PREPARER/PHOTOGRAPHER [redacted]
REMARKS

PHOTO #	DESCRIPTION OF PHOTOGRAPHIC SUBJECT / MISCELLANEOUS COMMENTS
1-2	Cover Sheet - Pool House (PH) D2
3-13	Exterior - Pool House (PH) D2
14	Entry Room - Pool House - D2
15-16	Server Racks - Pool House - D2
17-21	Kitchenette - Pool House - D2
22-34	Main Room - PH - D2
35-40	Bathroom - PH - D2
41-49	Main Room - Desk - PH - D2
50	Main Room - Contents of trash bag
51	S/N of Computer - Main Room - Desk - PH - D2
52	Bathroom - Closet - Clothes
53	Bathroom - Closet - Picture
54-57	Exit Photo - Bathroom - PH - D2
58-61	Exit Photo - Main Room - PH - D2
62	Exit Photo - Kitchenette - PH - D2
63	Exit Photo - Entry Room - PH - D2
64	Entry Photo - Utility Closet - PH - D2
65	Exit Photo - Utility Closet - PH - D2
66-67	Cover Sheet - Gazebo - Zone D
68-	Overall - Gazebo - Zone D
69-74	Interior - Gazebo - Zone D
75-76	Utility Closet - Gazebo - Zone D
77-78	Path to Beach Gazebo - Zone D
79-80	Beach Gazebo - Zone D
81	Cover sheet - Pipe Junction Shed - Zone D
82-84	Path to Pipe Junction SHED - Zone D
85	Pipe Junction Shed Zone D
86	Coversheet - Temple - Zone D
87-91	Exterior Temple - Zone D
92-107	Entry Temple - Zone D
108-109	Interior Exit Temple - Zone D
110-111	Cover sheet Construction Yard - Zone D
112-113	Entry Construction yard - Zone D
114-119	Vehicles - Construction Yard - Zone D
120	Cover sheet Gym - Zone D
121-153	Entry Gym - Zone D

NY ERT

FD-674 (Rev. 5-10-2013)

PHOTOGRAPHIC LOG

2 OF 2

GENERAL INFORMATION

DATE 8/12/2019

CASE ID 31E-NY-3027571

LOCATION Little St. J[redacted] USVI Zone C & D

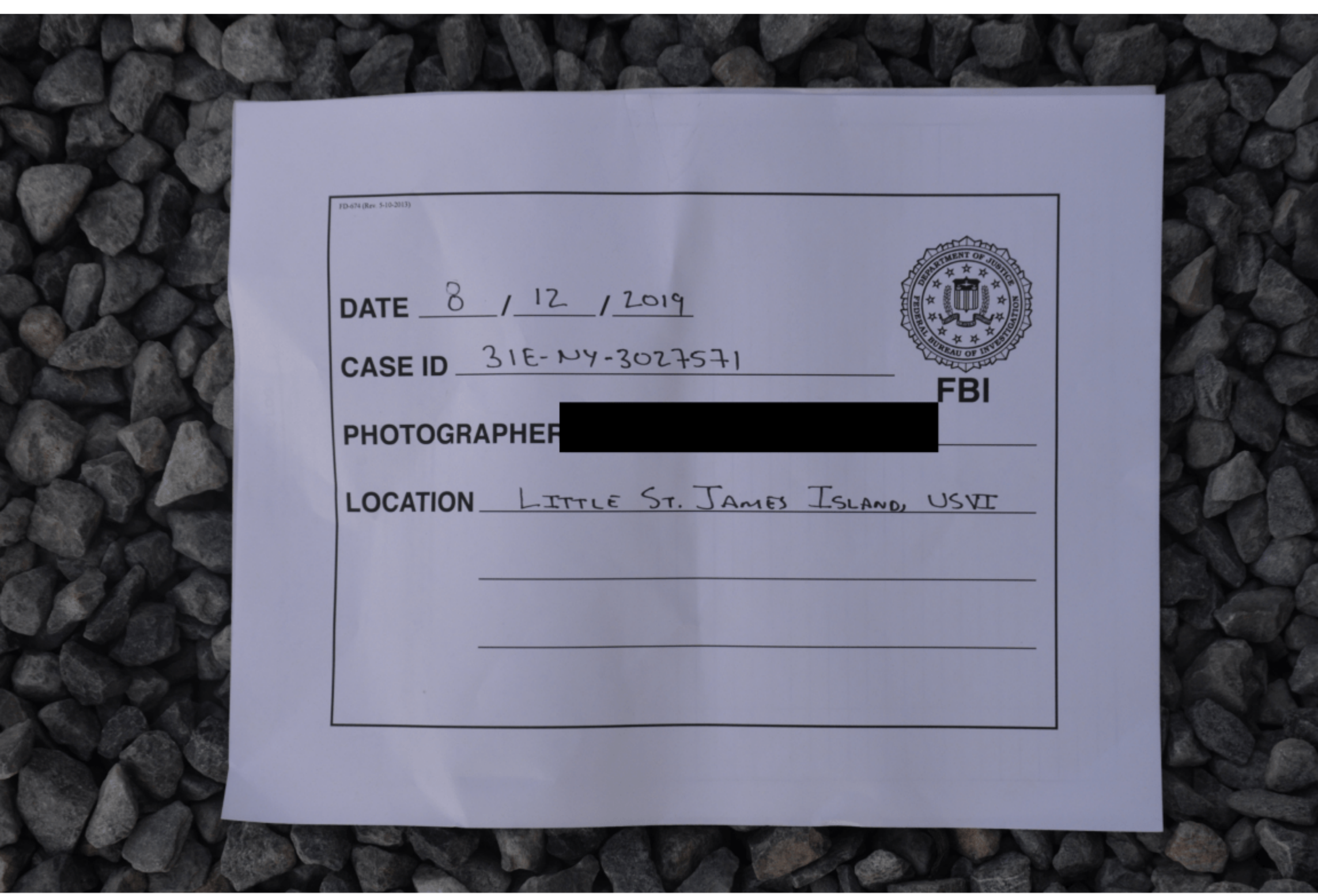
PREPARER/PHOTOGRAPHER [redacted]

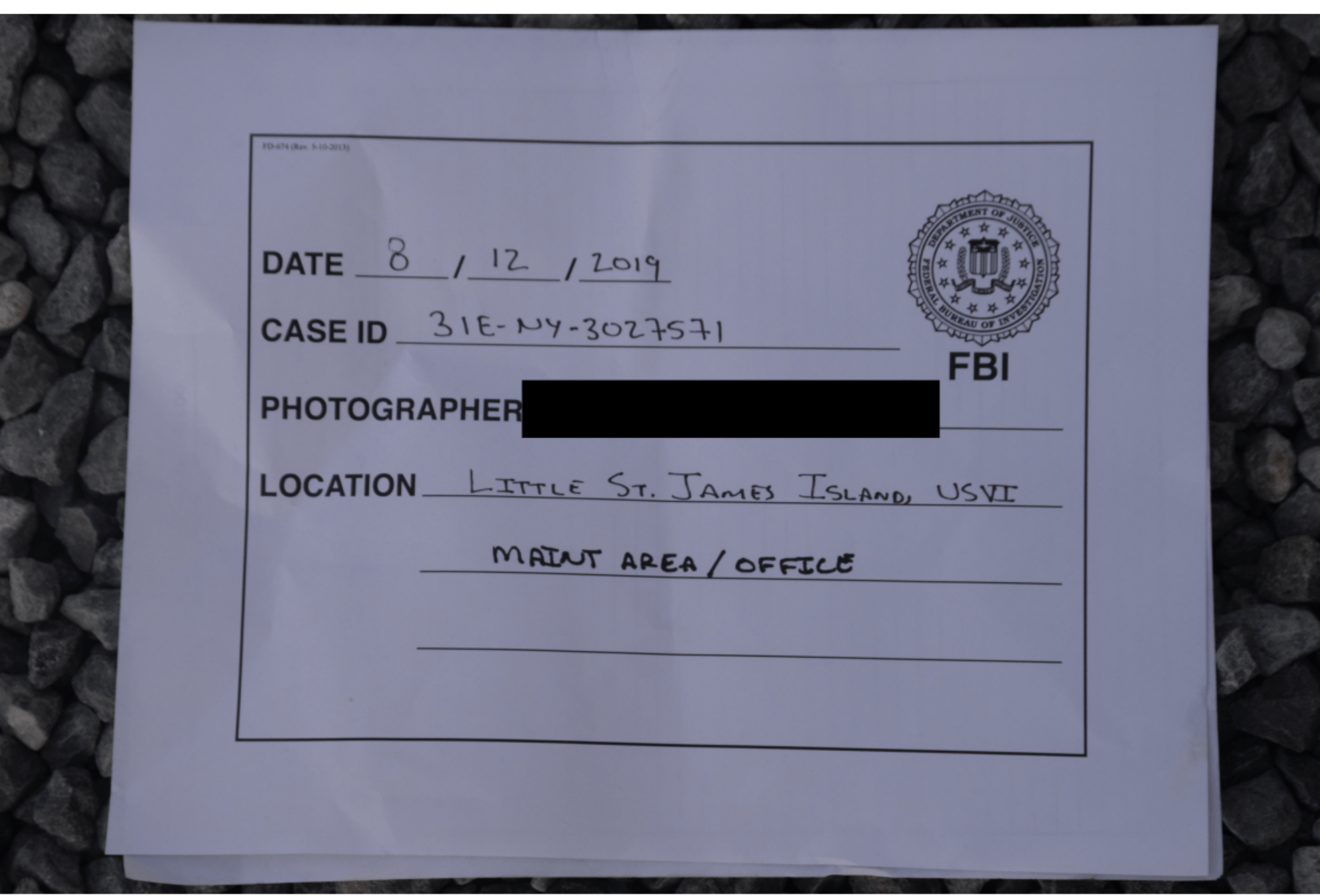
REMARKS

PHOTO #	DESCRIPTION OF PHOTOGRAPHIC SUBJECT / MISCELLANEOUS COMMENTS
154	Coversheet Beach House - Zone C
155	Path to Beach House - Zone C
156-161	Exterior Beach House - Zone C
162-172	Entry Interior Beach House - Zone C
173-176	Desks - Beach House - Zone C
177	Apple Desk Top Serial number - Beach House - Zone C
178-180	Dell Desk Top Identifing Numbers - Beach House - Zone C
181-217	Emergency Contact information - Beach House - Zone C
218-220	Exit Photos - Beach House - Zone C
221	Coversheet Utility Bunker - Zone C
222-226	Utility Bunker - Zone C
227	Coversheet Pergola + Storage Area - Zone C
228-231	Pergola & Storage Area - Zone C
232	Coversheet Grotto - Zone C
233-238	Grotto - Zone C
239	Coversheet Sundial - Zone C
240-241	Sundial - Zone C
242-243	Photo log.

[redacted] 8/12/2019

EFTA00003096


FD-674 (Rev. 5-10-2013)
DATE 8 / 12 / 2019
CASE ID 31E-NY-3027571
FBI
PHOTOGRAPHER [redacted]
LOCATION LITTLE ST. JAMES ISLAND, USVI


FD-674 (Rev. 5-10-2013)
DATE 8 / 12 / 2019
CASE ID 31E-NY-3027571
FBI
PHOTOGRAPHER [redacted]
LOCATION LITTLE ST. JAMES ISLAND, USVI
MAINT AREA / OFFICE

EMERGENCY LISTINGS

GOALZERO

Pontoon
Bunk Guides
SEASTAR
GOALZERO

KEEP OUT
GOALZERO

ALWAYS CLEAN
& REPLACE
TOOLS!!
Bounty
GOALZERO

ALWAYS CLEAN & REPLACE TOOLS!!
Corner Dock Cushion
Corner Dock Cushion
Corner Dock Cushion
NO JAM

ALWAYS CLEAN
& REPLACE
TOOLS!!

FIRE
EXTINGUISHER

WARRANTY DEED

THIS INDENTURE, made this 13 day of August
BETWEEN VALERIE CREQUE MAWSON NUTTING, ALDA CREQUE, BARBARA CREQUE
EMILY CREQUE HOLMAN, BETTY CREQUE a/k/a MARY ELIZABETH CREQUE, MARION
VAN BEVERHOUDT MILLER, JOAN VAN BEVERHOUDT THORN, JACQUELINE VAN BEVERHOUDT
BURTIS, HENRY OWEN CREQUE, HENRIETTA OLGA CREQUE, SALLY EVANGELITA CREQUE,
ANTHONY R. CREQUE, MARJORIE ISOBEL CREQUE ROMANO, JOHN BEDFORD CREQUE,
JULIETTE CREQUE, WILLIAM CARTER CREQUE, MARY ALICE WOODRUFF, CHRISTIAN
VOLLENTINE HANKS, JR., by their attorney-in-fact, CREQUE ESTATES, INC.,
party of the first part and ARCH W. CUMMIN of 19 East 88th Street,
New York, New York 10028,
party of the second part

WITNESSETH, that the party of the first part, in consideration of FOUR HUNDRED SEVENTY THOUSAND and 00/100 ($470,000) DOLLARS and other valuable consideration paid by the party of the second part, does hereby grant, sell, convey and release unto the party of the second part, the heirs or successors and assigns of the party of the second part forever, in fee simple absolute.

ALL that certain plot, piece or parcel of land, with all buildings and improvements thereon that may presently exist, described as

3122
1981

LITTLE ST. JAMES ISLAND
No. 6B Red Hook Quarter
U.S. Virgin Islands

TOGETHER with the appurtenances thereunto belonging and all the estate, title and rights of the party of the first part in and to said premises.

SUBJECT, HOWEVER, to zoning regulations, to covenants, restrictions and easements of record, to Virgin Islands laws and to United States laws.

TO HAVE AND TO HOLD the premises herein granted unto the party of the second part, the heirs, successors and assigns of the party of the second part forever, in fee simple absolute.

AND the party of the first part covenants and warrants as follows:

1. That said party of the first part is seized of the said premises in fee simple, and has good right to convey same;

2. That the party of the second part shall quietly enjoy the said premises;

3. That the said premises are free from encumbrances, except as aforesaid;

4. That the party of the first part will execute or procure any further necessary assurance of the title to said premises; and

5. That said party of the first part will forever warrant and defend the title to said premises.

OFFICE OF THE RECORDER OF DEEDS
100 CHARLOTTE AMALIE
ST. THOMAS, VIRGIN ISLANDS

OFFICE OF THE RECORDER OF DEEDS
100 CHARLOTTE AMALIE
ST. THOMAS, VIRGIN ISLANDS

IN WITNESS WHEREOF, the party of the first part has duly executed this Deed the day and year first above written.

IN THE PRESENCE OF:

Diane B. Nelson

Warren E. Miller

VALERIE CREQUE MAWSON NUTTING, ALDA CREQUE, BARBARA CREQUE LeCUYER, EMILY CREQUE HOLMAN, BETTY CREQUE a/k/a MARY ELIZABETH CREQUE, MARION VAN BEVERHOUDT MILLER, JOAN VAN BEVERHOUDT THORN, JACQUELINE VAN BEVERHOUDT BURTIS, HENRY OWEN CREQUE, HENRIETTA OLGA CREQUE, SALLY EVANGELITA CREQUE, ANTHONY R. CREQUE, MARJORIE ISOBEL CREQUE ROMANO, JOHN BEDFORD CREQUE, JULIETTE CREQUE, WILLIAM CARTER CREQUE, MARY ALICE WOODRUFF, CHRISTIAN VOLLENTINE HANKS, JR., by their Attorney in Fact, CREQUE ESTATES, INC.

BY Alda B. Creque
President

ATTEST Christa V. Hanks
Secretary (SEAL)

ACKNOWLEDGMENT

TERRITORY OF THE VIRGIN ISLANDS)
) ss:
DISTRICT OF ST. THOMAS & ST. JOHN)

On this the 13 day of August, 1981, personally appeared ALDA CREQUE, President of Creque Estates Inc., known to me to be the person whose name is subscribed as president of Creque Estates, Inc., Attorney in Fact for VALERIE CREQUE MAWSON NUTTING, ALDA CREQUE, BARBARA CREQUE LeCUYER, EMILY CREQUE HOLMAN, BETTY CREQUE a/k/a MARY ELIZABETH CREQUE, MARION VAN BEVERHOUDT MILLER, JOAN VAN BEVERHOUDT THORN, JACQUELINE VAN BEVERHOUDT BURTIS, HENRY OWEN CREQUE, HENRIETTA OLGA CREQUE, SALLY EVANGELITA CREQUE, ANTHONY R. CREQUE, MARJORIE ISOBEL CREQUE ROMANO, JOHN BEDFORD CREQUE, JULIETTE CREQUE, WILLIAM CARTER CREQUE, MARY ALICE WOODRUFF, CHRISTIAN VOLLENTINE HANKS, JR., and she acknowledged herself to be the president of Creque Estates, Inc., a corporation and that she as such president, being authorized so to do, executed the foregoing instrument for the purposes therein contained, by signing the name of the corporation by herself as president of the corporation as the act of said corporation's principals for the purposes therein contained.

IN WITNESS WHEREOF, I hereunto set my hand and official seal.

Notary Public

RECEIVED FOR RECORDING IN THE RECORDER'S OFFICE ON THE 2nd DAY OF Sept 19 81 AT 11:15

RECORDED AMENDMENTS ON THE RECORDER'S OFFICE FOR THE DISTRICT OF ST. THOMAS AND ST. JOHN, VIRGIN ISLANDS OF THE U.S.A. BOOK 227 PAGE 65 FILM NO. 3122 AND ENTERED ON MICROFICHE NO. 6 USER FOR Red Hook 6B QUARTER NO. 10 DATE Sept. 3 19 81

DISTRICT RECORDER OF DEEDS

NOTED IN THE PUBLIC SURVEYOR'S RECORD FOR COUNTRY PROPERTY. LOOK FOR
LITTLE ST. JAMES ISLAND
NO. 6B RED HOOK QUARTER
ST. THOMAS, VIRGIN ISLANDS

OFFICE OF PUBLIC SURVEYOR
ST. THOMAS, V.I. August 19, 1981

Louis M. Hoffman
PUBLIC SURVEYOR

-2-

EFTA00003109

YAMAHA
REMOTE CONTROL/TWIN

Bounty
12 = 24
DOUBLES
S CLEAN
EPLACE
TOOLS!!

EFTA00003114

EFTA00003115

EFTA00003116

EFTA00003117

KEEP OUT
GOALZERO

ALWAYS CLEAN
& REPLACE
TOOLS!!
Bounty

FLY TRAP

EFTA00003121

DISPOSABLE
FLY TRAP
Add Water. Subtract Flies.
EPSON

Fujitsu

Kawasaki

Kawasaki

EFTA00003127

RIDGID

EFTA00003133

JOHN DEERE

RBO TURF
SEEDING SYSTEMS
20-20-20