

**2009 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

**FILED  
Jun 11, 2009  
Secretary of State**

DOCUMENT# L07000084560

Entity Name: A CARLISLE LLC

**Current Principal Place of Business:**

301 CLEMATIS ST  
WEST PALM BEACH, FL 33401 US

**New Principal Place of Business:**

**Current Mailing Address:**

301 CLEMATIS ST  
WEST PALM BEACH, FL 33401 US

**New Mailing Address:**

FEI Number: 26-0771840      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

PARRISH, BRUCE W JR.  
1870 FOREST HILL BLVD., STE. 203  
WEST PALM BEACH, FL 33406 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: CARLISLE, ANGELINE  
Address: 9342 PLANTATION ESTATES DR  
City-St-Zip: ROYAL PALM BEACH, FL 33411 US

Title: MGR ( ) Delete  
Name: ARKUN, ANDREW E  
Address: 515 36TH STREET  
City-St-Zip: WEST PALM BEACH, FL 33407 US

Title: MGR (X) Delete  
Name: OZGUR, DEMIR  
Address: 5600 N FLAGLER UNIT 1208  
City-St-Zip: WEST PALM BEACH, FL 33407

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MGR (X) Change ( ) Addition  
Name: CARLISLE, JOSH  
Address: 9342 PLANTATION ESTATES DR  
City-St-Zip: ROYAL PALM BEACH, FL 33411 US

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: ANGELINE CARLISLE

MGRM

06/11/2009

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date