FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAY -1 AM 11:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F94000006179 (5)**

1. Corporate Name

CARLISLE APARTMENTS, INC.

Principal Place of Business	Mailing Address
2700 POST OAK BLVD., STE 1300 HOUSTON TX 77056	2700 POST OAK BLVD., STE 1300 HOUSTON TX 77056

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **12/02/1994**

3a. Date of Last Report:

2. Principal Place of Business — 21 / Suite, Apt. #, etc. — 22 / City & State — 23 / Zip — 24 / County — 25

2a. Mailing Address — 26 / Suite, Apt. #, etc. — 27 / City & State — 28 / Zip — 29 / Country — 30

4. FEI Number: **76-0452539** — Applied For / Not Applicable

5. Certificate of Status Desired ☐ — **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ — **$5.00** May Be Added to Fees

7. Does corporation own assets or transact business in Florida Statutes? ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

MOSLEY, CURTIS R
1221 E. NEW HAVEN AVENUE
MELBOURNE FL 32901

10. Name and Address of New Registered Agent

81 Name: Cramer, Haber McDonald & Levine
82 Street Address (P.O. Box Number is Not Acceptable): 1311 N. Church Ave.
83
84 Tampa FL 85 Zip Code: 33607

11. Pursuant to the provisions of Section 48.091, Florida Statutes, the undersigned corporation submits the statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such business was authorized to transact business in Florida. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, section 607.0505, Florida Statutes.

SIGNATURE: [signature] DATE: 4/24/95

12. OFFICERS AND DIRECTORS	13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE: PVCD NAME: PHILLIPS, DAVID T STREET ADDRESS: 2700 POST OAK BLVD, STE 1300 CITY-ST-ZIP: HOUSTON TX	☐ Change ☐ Addition
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14. I/We hereby certify that the information supplied with this report is complete and accurate and that I am duly authorized to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report or on an attachment with an address.

SIGNATURE: David T. Phillips President 4/25/95 (713)622-1460

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0472025 FP