

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 24, 2005 08:00 AM
Secretary of State

DOCUMENT # L00000012329

1. Entity Name
**CARLISLE REALTY GROUP - METROWEST
DEVELOPMENT, L.L.C.**



Principal Place of Business
**400 PARK AVENUE SOUTH, SUITE 220
WINTER PARK, FL 32789**

Mailing Address
**400 PARK AVENUE SOUTH, SUITE 220
WINTER PARK, FL 32789**



01192005No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3681777

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00** Additional
Fee Required

6. Name and Address of Current Registered Agent

**BUILDER, J. LINDSAY JR.
369 N. NEW YORK AVENUE
WINTER PARK, FL 32789**

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2005**

U00000191047
01/24/05-80159-008 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGR
FINDURA, MARK L
400 PARK AVENUE SOUTH, SUITE 220
WINTER PARK, FL 32789**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGR
SHANNON, MICHAEL V
400 PARK AVENUE SOUTH, SUITE 220
WINTER PARK, FL 32789**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

Mark L. Findura **Mark L. Findura** 1-19-05 407-622-1888