## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT # L00000012329

1. Eptity Name

CARLISLE REALTY GROUP - METROWEST DEVELOPMENT, L.L.C.



FILED Mar 27, 2006 08:00 AM Secretary of State

Principal Place of Business

400 PARK AVENUE SOUTH, SUITE 220 WINTER PARK, FL 32789

Malling Address

400 PARK AVENUE SOUTH, SUITE 220 WINTER PARK, FL 32789



## DO NOT WRITE IN THIS SPACE

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

03212006 No Chg-LLC	CR2E083 (11/0

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

SIGNATURE:

## DO NOT WRITE IN THIS SPACE

	named entity submits this statement for the purpose of chantions of registered agent.	ging its registered	office ar registered agent, or bo	oth, in the State of Florida. I am familiar with, and accept
SIGNATURE Signature typed or printed name of registered agent and title if applicable (NOTE, Registered Agent signature required when retristating)  DATE				
	iling Fee is \$50.00 ue by May 1, 2006	(Total Agents		
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			HRADOO482502 04/11/06-800 <b>77-016 50.0</b> 0
TITLE NAME STREET ADDRESS CITY-ST-ZIP			DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN 1	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
Title Name Street Address City-St-Zip				
11. I hereby of indicated limited liab	certify that the information supplied with this filing does not on this report is type and accurate and that my suppliedure should be supplied to executate amount of the receiver or trustee amount of the receiver of the receiver or trustee amount of the receiver or trustee amount of the receiver of th	rualify for the exer all have the same cute this report as	nptions contained in Chapter 11 legal effect as if made under o required by Chapter 608, Florid	Florida Statutes, I further certify that the information ath, that I am a managing member or manager of the a Statutes.