2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000012329

1. Entity Name

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



FILED Jan 09, 2003 8:00 am Secretary of State 01-09-2003 90202 040 ****50.00

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Principal Place of Business			Mailing Addres	ss							
				400 PARK AVENUE SOUTH, SUITE 220 WINTER PARK FL 32789			20001222				
2. Principal F	Place of Busin	229	3. Mailing Addr	955							
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Suite, Apt.	#, etc.		Suite, Apt. #,	Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES				
City & Stat	te		City & State	City & State			ber 59-35715 0	39	<u> </u>	plied For at Applicable	
Zip Country			Zip			5. Certificat	e of Status Desired		5.00 Add ee Require		
6. Name and Address of Current Registered Agent					Name	7. Name an	d Address of New	Registered A	gent		
BUILDER, J. LINDSAY JR. 369 N. NEW YORK AVENUE WINTER PARK FL 32789					Street Address (P.O. Box Number is Not Acceptable)						
					City			FL	Zip Code	e	
									<u> </u>		
	named entity tions of regist	y submits this statement f ered agent.	or the purpose of ch	anging its registe	ered office or reg	gistered agent, or b	oth, in the State of F	lorida. I am fa	imiliar with,	and accept	
SIGNATURE .	Signature, typed	or printed name of registered agen	t and title if applicable.	(NOTE: Registe	ered Agent signature n	equired when reinstating)		DATE	 		
 \$											
Ł			Make Chec			tment of State					
9.		MANAGING MEMB	ERS/MANAGERS	10).		ADDITIONS	S/CHANGES			
TITLE	MGR			Delete TI	TLE				☐ Change	☐ Addition	
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NAME		N, MICHAEL V			ME				_ •	_	
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	pertify that the	information eurolind wit	h this filing does not			in Section 110 07/2	Vil Florida Statutas	I further co-	fy that the	formation	
i i i i i i ereby c	seruly mat the	information supplied wit	n uns ming does not	quality for the ex	emption stated	in section F19.07(3	χιν, πιοτίσα Statutes	. ijurmer certi	ıy ınaı me in	normation	

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 NA E OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

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Date