

**2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 05, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # L02000004170**

1. Entity Name

CARLISLE INVESTMENTS, L.L.C.



Principal Place of Business

1245 COURT STREET  
SUITE 102  
CLEARWATER, FL 33756

Mailing Address

1245 COURT STREET  
SUITE 102  
CLEARWATER, FL 33756

**DO NOT WRITE IN THIS SPACE**



03312004 No Chg-LLC CR2E083 (10/03)

4. FEI Number  
NOT APPLICABLE

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

BURKE, ROBERT C JR. ESQ  
28059 U.S. HIGHWAY 19 NORTH  
STE. 1002  
CLEARWATER, FL 33762

**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, 2004**

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
MGR  
CARLISLE HOLDINGS, INC.  
440 RIDGE STREET, SUITE 2  
RENO, NV 89501

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

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STREET ADDRESS  
CITY- ST- ZIP

U000000103949  
04/05/04-80077-006 50.00

**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 #

4/1/04 727-441-3469