

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 27, 2006 8:00 am**  
**Secretary of State**

04-27-2006 90014 012 \*\*\*\*50.00

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<b>DOCUMENT # L02000004170</b> 1. Entity Name <b>CARLISLE INVESTMENTS, L.L.C.</b>					
Principal Place of Business <b>1245 COURT STREET SUITE 102 CLEARWATER, FL 33756</b>			Mailing Address <b>1245 COURT STREET SUITE 102 CLEARWATER, FL 33756</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent  <b>BURKE, ROBERT C JR. ESQ 28059 U.S. HIGHWAY 19 NORTH STE. 1002 CLEARWATER, FL 33762</b>				7. Name and Address of New Registered Agent Name <b>Robert C. Burke, Jr.</b> Street Address (P.O. Box Number is Not Acceptable) <b>412 E. Tarpon Avenue</b> City <b>Tarpon Springs</b> <b>FL</b> Zip Code <b>34689</b>	
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: <span style="float: right;">04/25/06</span> <small>(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE)</small>					
<b>Filing Fee is \$50.00 Due by May 1, 2006</b>		<b>Make check payable to Florida Department of State</b>			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>MGR CARLISLE HOLDINGS, INC. 440 RIDGE STREET, SUITE 2 RENO, NV 89501</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.					
<b>SIGNATURE:</b>			04/17/06 201-768-1430		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			<small>Date Daytime Phone #</small>		