

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**

04 APR -7 AM 8:26

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # L02000015820**

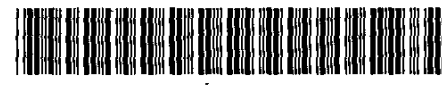
1. Entity Name  
**CARLISLE DEVELOPMENT GROUP, LLC**



Principal Place of Business  
2937 SW 27TH AVE., STE. 303  
COCONUT GROVE FL 33133

Mailing Address  
2937 SW 27TH AVE., STE. 303  
COCONUT GROVE FL 33133

*BK*



MOORE CR2E083 (11/03)

2. Principal Place of Business  
2950 S.W. 27th Ave  
Suite, Apt. #, etc.  
200  
City & State  
Miami, FL  
Zip  
33133 Country  
USA

3. Mailing Address  
2950 S.W. 27th Ave  
Suite, Apt. #, etc.  
200  
City & State  
Miami, FL  
Zip  
33133 Country  
USA

4. FEI Number  
13-4207792

Applied For  
☐ Not Applicable

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

6. Name and Address of Current Registered Agent  
BOGGIO, LLOYD J  
2937 SW 27TH AVE., STE. 303  
COCONUT GROVE FL 33133

7. Name and Address of New Registered Agent  
Name  
Boggio, Lloyd J.  
Street Address (P.O. Box Number is Not Acceptable)  
2950 SW 27th Avenue  
Suite 200  
City  
Miami FL Zip Code  
33133

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2004**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BOGGIO, LLOYD J 2937 SW 27TH AVE., STE. 303 COCONUT GROVE FL 33133 <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 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:** *Lloyd J. Boggio* **4/6/04 305-476-8118**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #