2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

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DOCUMENT # L02000015820 1. Entity Name				04 APR -7 AH 8		
CARLISLE DEVELOPMENT GROUP, LLC			SECRETARY OF ST TALLAHASSEE, FLO	9: 26 ****		
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1	te of Business TTH AVE., STE. 303	Mailing Address 2937 SW 27TH AVE., S	TF 303			
COCONUT	GROVE FL 33133	COCONUT GROVE FL		1/		
}			/ /	Y NORTHER ALL BRING WALL BRING		11 11 111 1 11 1
2. Principal Place of Business 3. Mailing Address 2950 S.W. 27th Que						
Suite, Apt.	J.W. J7 th AUP	Suite, Apt. #, etc.	1. 27" UU			det iff impl
200		200		MOORE CR	12E083 (11/03)	
City & State City & State - MIOMI , FL -		City & State -	L	4. FEI Number 13-4207792	F	plied For t Applicable
Zip Country Zip		Zip	Country	5. Certificate of Status Desired	★ \$5.00 Add	itional
	6. Name and Address of Current	Registered Agent	<u>usa</u>	7. Name and Address of New Regis	Fee Required	<u> </u>
Name R DOO 1 / A. J. T.						
BO0	GGIO, LLOYD J 7 SW 27TH AVE., STE. 303	ss (P.O. Dax Number is Not Acceptable)	<u> </u>			
COCONUT GROVE FL 33133				5 5 37 The Have	<u>nue</u>	·
			Sui	K 300	Zip Code	
ļ				amu	LP 331	33
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, typod or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS:\$50.00						
		FILE NO Make Check Payable				
		Professional Control of the Control	By May 1, 2004			
9.	MANAGING MEMBE		10.	ADDITIONS/CHA		
TITLE	P BOGGIO, LLOYD J	☐ Delete	TITLE NAME		☐ Change	Addition
STREET ADDRESS	2937 SW 27TH AVE., STE. 303		STREET ADDRESS			
CITY-ST-ZIP	COCONUT GROVE FL 33133		CITY-ST-ZIP			
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11. I hereby	certify that the information supplied with	this filing does not qualify for	the exemption stated in	n Section 119.07(3)(i), Florida Statutes. I furt	her certify that the in	nformation
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 adecrate 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 of trustee empowered to execute this report as required by Chapter 608, Florida Statutes.						
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SIGNAT	TURE:	F SIGNING MANAGUNG MEMBER, MAN.	Mond	J. Boggio 4/6/04	305-476-8	3)18