


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 15, 2004 8:00 am
Secretary of State

04-15-2004 90117 017 ****55.00

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|---|---|
| DOCUMENT # L02000019583 1. Entity Name CARLISLE CONSTRUCTION, LLC |  |
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| Principal Place of Business 2937 S.W. 27TH AVENUE, SUITE 303 COCONUT GROVE FL 33133 | Mailing Address 2937 S.W. 27TH AVENUE, SUITE 303 COCONUT GROVE FL 33133 |
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| 2. Principal Place of Business 2950 S.W. 27th Ave Suite, Apt. #, etc. 200 | 3. Mailing Address 2950 S.W. 27th Ave Suite, Apt. #, etc. 200 |
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|----------------------------------|----------------------------------|
| City & State MIAMI, FL | City & State MIAMI, FL |
| Zip 33133 | Zip 33133 |
| Country USA | Country USA |



MOORE CR2E083 (11/03)

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|--|--|
| 4. FEI Number 01-0748082 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required | |

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| 6. Name and Address of Current Registered Agent BOGGIO, LLOYD J 2937 S.W. 27TH AVENUE, SUITE 303 COCONUT GROVE FL 33133 | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;">FL Zip Code</div> |
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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 _____ DATE _____

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 S.W. 27TH AVENUE, SUITE 303 COCONUT GROVE FL 33133 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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: _____ Date _____ Daytime Phone # _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE