

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90034 033 ****50.00

DOCUMENT # L02000027504

1. Entity Name
CARLISLE REGENCY, LLC



Principal Place of Business Mailing Address
5311 S.W. 109TH AVENUE 5311 S.W. 109TH AVENUE
FORT LAUDERDALE, FL 33328 FORT LAUDERDALE, FL 33328



04162004 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
27-0034058

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

GARLICK, THOMAS B ESQ.
5551 RIDGEWOOD DRIVE, SUITE 101
NAPLES, FL 34108

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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 MGR
NAME **CARLISLE REGENCY, INC.**
STREET ADDRESS **5311 S.W. 109TH AVENUE**
CITY-ST-ZIP **FT. LAUDERDALE, FL 33328**

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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:

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

PETER F. FAGAN

4/16/04 (954) 689-0335

Date

Daytime Phone #