

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 03, 2004 8:00 am**  
**Secretary of State**

05-03-2004 90149 015 \*\*\*\*50.00

**DOCUMENT # L03000027020**

1. Entity Name  
**CARLISLE RETAIL GROUP, L.L.C.**



Principal Place of Business  
**400 PARK AVENUE SOUTH, STE. 220  
WINTER PARK, FL 32789**

Mailing Address  
**400 PARK AVENUE SOUTH, STE. 220  
WINTER PARK, FL 32789**

64001700



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04292004 Chg-LLC CR2E083 (10/03)

4. FEI Number

**11-3697546**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**BUILDER, J. LINDSAY JR, ESQ  
369 N. NEW YORK AVE, 3RD FLOOR  
WINTER PARK, FL 32789**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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**

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS / MANAGERS

TITLE ☐ Delete

NAME **Managing Member**  
**J. Lamar Haggard**  
STREET ADDRESS **400 Park Ave So. STE 220**  
CITY-ST-ZIP **Winter Park, FL 32789**

TITLE ☐ Delete

NAME **Member Manager**  
**Michael V. Shannan**  
STREET ADDRESS **753 E. Glenn Ave**  
CITY-ST-ZIP **Auburn, AL 36830**

TITLE ☐ Delete

NAME **Manager**  
**Mark L. Findus**  
STREET ADDRESS **400 Park Ave So. STE 220**  
CITY-ST-ZIP **Winter Park, FL 32789**

TITLE ☐ Delete

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete

NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS / CHANGES

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

**J. Lamar Haggard**

**J. Lamar Haggard**

Date

Daytime Phone #

**4/29/04 407-419-4161**