2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000017345

1. Entity Name CARLISLE PROPERTY, L.L.C.



FILED Mar 21, 2008 08:00 A Secretary of State

Principal Place of Business

300 PARK AVE. SOUTH

SUITE 200 WINTER PARK, FL 32789 Mailing Address

300 PARK AVE. SOUTH SUITE 200 WINTER PARK, FL 32789



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01312008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 20-2613048 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

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

DO NOT WRITE 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 Fiorida. 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

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75

U00000865487 04/07/08-80030-019 138.75

MANAGING MEMBERS/MANAGERS 9. MGR TITLE FINDURA, MARK L NAME 300 PARK AVE. SOUTH STREET ADDRESS CITY-ST-ZIP WINTER PARK, FL 32789 TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

DO NOT WRITE IN THIS SPACE

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119. 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:

motingara

3-17-08

107 600 1888

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

Date

Daytime Phone #