2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L06000059506 1. Entity Name CARLISLE INTERNATIONAL, LLC				FILED Jun 13, 2008 08:00 AM Secretary of State	
Principal Place of Business 6671 MIRAMAR PARKWAY MIRAMAR, FL 33023		Mailing Address 6671 MIRAMAR PARKWAY MIRAMAR, FL 33023		2002000	j vi ~ tutt
				06102008 No Chg-LLC CR2E083 (12/07)	
DO NOT WRITE IN THIS SPA			CE	4. FEI Number 14-1965985 5. Certificate of Status Desired []	Applied For Not Applicable \$5.00 Additional
1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	Name and Address of Correct C	All Agent Walls (1964)		er obtained of otation bearing	Fee Required
CARLISLE, KEVIN B SR. 6671 MIRAMAR PARKWAY MIRAMAR, FL 33023				DO NOT WR IN THIS SPA	
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					
FILE NOWI!! FEE IS \$138.75 In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.					
9.	MANAGING MEMBER	S/MANAGERS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CARLISLE, KEVIN B SR 6671 MIRAMAR PKWY MIRAMAR, FL 33023				3057 0001-011 138.75
TITLE NAME STREET ADDRESS CHY-ST-ZIP	MGRM CARLISLE, SUMINTRA 8671 MIRAMAR PKWY MIRAMAR, FL 33023				
TITLE NAME STREET ADDRESS CITY-SI-ZIP				DO NOT WR	ITE
NAME STREET ADDRESS CITY-ST-ZIP				IN THIS SPA	CE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE I NAME STREET ADDRESS CITY-ST-ZIP					
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 SIGNATURE OF SIGNAND MARKET OF SIGNAND MEMBER OF AUTHORIZED REPRESENTATIVE Date Deptine Prome #					