



2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L07000015630 1. Entity Name CARLISLE TRANSPORTATION, LLC						FILED 08 FEB 18 PM 2:55 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 7319 POTTSBURG DRIVE, #3 JACKSONVILLE, FL 32216				Mailing Address 7319 POTTSBURG DRIVE, #3 JACKSONVILLE, FL 32216			
2. Principal Place of Business - No P.O. Box # 1618-4 EL Camino Road		3. Mailing Address 1618-4 EL Camino Road					
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 		01232008 Chg-LLC CR2E083 (12/06)		4. FEI Number 22-3954444	
City & State Jacksonville, FL		City & State Jacksonville, FL		Applied For <input type="checkbox"/> Not Applicable		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
Zip 32216		Country Duval		Zip 32216		Country Duval	
6. Name and Address of Current Registered Agent SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>			
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>							
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75				Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CARLISLE, LESLIE A <input type="checkbox"/> Delete 7319 POTTSBURG DRIVE, #3 JACKSONVILLE, FL 32216			TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Carlisle, Leslie A <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1618-4 EL Camino Road Jacksonville, FL 32216		
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 300118134553 02/15/08--01023--003 ***138.75		
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		
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		
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		
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 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 606, Florida Statutes.							
SIGNATURE: <u>Leslie A. Carlisle / Leslie A. Carlisle operations manager</u> 1-30-08 904 813-8606 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>							