

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000018186

Entity Name: ADDISON CARLISLE, LLC

FILED
Apr 28, 2008
Secretary of State

Current Principal Place of Business:

ONE INDEPENDENT DRIVE
JACKSONVILLE, FL 32202

New Principal Place of Business:

ONE INDEPENDENT DRIVE
SUITE 800
JACKSONVILLE, FL 32202 US

Current Mailing Address:

ONE INDEPENDENT DRIVE
JACKSONVILLE, FL 32202

New Mailing Address:

ONE INDEPENDENT DRIVE
SUITE 800
JACKSONVILLE, FL 32202 US

FEI Number: 20-8464487

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: SVPT () Change (X) Addition
Name: CROUCH, ROBERT P SVPT
Address: ONE INDEPENDENT DRIVE
City-St-Zip: JACKSONVILLE, FL 32202 US

Title: VPS () Change (X) Addition
Name: HOLLAND, GREG D VPS
Address: ONE INDEPENDENT DRIVE
City-St-Zip: JACKSONVILLE, FL 32202 US

Title: P () Change (X) Addition
Name: CULLEN, JOHN P P
Address: 14401 SWEITZER LANE
City-St-Zip: LAUREL, MD 20707 US

Title: VPT () Change (X) Addition
Name: ROBINSON, GERALD G VPT
Address: ONE INDEPENDENT DRIVE, SUITE 800
City-St-Zip: JACKSONVILLE, FL 32202 US

Title: CEO () Change (X) Addition
Name: PAYNE, TIMOTHY D CEO
Address: ONE INDEPENDENT DRIVE
City-St-Zip: JACKSONVILLE, FL 32202 US

Title: AS () Change (X) Addition
Name: TUTOR, TYRA H AS
Address: ONE INDEPENDENT DRIVE
City-St-Zip: JACKSONVILLE, FL 32202 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: GERALD ROBINSON

VPT

04/28/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date