2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 27, 2009
Secretary of State

DOCUMENT# L07000018186

Entity Name: ADDISON CARLISLE, LLC

Current Principal Place of Business:

ONE INDEPENDENT DRIVE
SUITE 800
JACKSONVILLE, FL 32202 US

New Principal Place of Business:

Current Mailing Address:

ONE INDEPENDENT DRIVE
SUITE 800
JACKSONVILLE, FL 32202 US

New Mailing Address:

FEI Number: 20-8464487 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: SVPT ( ) Delete
Name: CROUCH, ROBERT P SVPT
Address: ONE INDEPENDENT DRIVE
City-St-Zip: JACKSONVILLE, FL 32202 US

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

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

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

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

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

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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 04/27/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date