

# 2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000018186

Entity Name: ADDISON CARLISLE, LLC

FILED  
Apr 21, 2010  
Secretary of State

**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: CEO  
Name: GILLIAM, THERON I CEO  
Address: 175 BROAD HOLLOW ROAD  
City-St-Zip: MELVILLE, NY 11747 US

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

Title: VP  
Name: HOLLAND, GREGORY D VP  
Address: ONE INDEPENDENT DRIVE  
City-St-Zip: JACKSONVILLE, FL 32202 US

Title: CFO  
Name: NOLAN, STEPHEN CFO  
Address: 175 BROAD HOLLOW ROAD  
City-St-Zip: MELVILLE, NY 11747 US

Title: T  
Name: DEPALO, LORELEI T  
Address: 175 BROAD HOLLOW ROAD  
City-St-Zip: MELVILLE, NY 11747 US

Title: VPT  
Name: EHRHART, DAWN VPT  
Address: 175 BROAD HOLLOW ROAD  
City-St-Zip: MELVILLE, NY 11747 US

I hereby 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: DAWN EHRHART

VPT

04/21/2010

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