

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 31, 2008 8:00 am**  
**Secretary of State**

03-31-2008 90263 034 \*\*\*138.75

|  |   |   |  |   |  |
|--|---|---|--|---|--|
| <b>DOCUMENT # L07000020275</b><br>1. Entity Name<br>LAKE CARLISLE GROUP, LLC   |   |   |  |   |  |
| Principal Place of Business<br>7143 LAKE CARLISLE BLVD<br>ORLANDO, FL 32829 US   |   |   | Mailing Address<br>7143 LAKE CARLISLE BLVD<br>ORLANDO, FL 32829 US |   |  |
| 2. Principal Place of Business - No P.O. Box #<br><br>Suite, Apt. #, etc.  |   | 3. Mailing Address<br>PO Box 990486<br>Naples, FL                 |  | 03172008 Chg-LLC CR2E083 (12/06)  |  |
| City & State   |   | City & State<br>Naples, FL  |  | 4. FEI Number<br>20-8490402   |  |
| Zip  |   | Country   |  | 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required                          |  |
| Zip<br>34116   |   | Country   |  | Applied For<br>Not Applicable   |  |
| 6. Name and Address of Current Registered Agent<br><br>HEINSCH, GREGORY A<br>7143 LAKE CARLISLE BLVD<br>ORLANDO, FL 32829  |   |   |  | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City |  |
| 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.  |   |   |  | FL Zip Code   |  |
| SIGNATURE _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>  |   |   |  |   |  |
| <b>FILE NOW!!! FEE IS \$138.75</b><br><b>After May 1, 2008 Fee will be \$538.75</b>  |   | Make check payable to<br>Florida Department of State              |  |   |  |
| 9. MANAGING MEMBERS/MANAGERS   |   |   |  | 10. ADDITIONS/CHANGES   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | MGR<br>HEINSCH, GREGORY A<br>7143 LAKE CARLISLE BLVD<br>ORLANDO, FL 32829 | <input type="checkbox"/> Delete                                   |  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>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 608, Florida Statutes. |   |   |  |   |  |
| <b>SIGNATURE:</b> Mgr. Quentin Silke 3-17-08 234-352-9939  |   |   |  |   |  |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>  |   |   |  |   |  |

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