


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 08, 2007 8:00 am
Secretary of State

02-08-2007 90140 010 ****50.00

DOCUMENT # L99000001793 1. Entity Name CARLISLE REALTY GROUP, L.L.C.	
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Principal Place of Business 369 N. NEW YORK AVENUE, 3RD FLOOR WINTER PARK, FL 32789	Mailing Address 369 N. NEW YORK AVENUE, 3RD FLOOR WINTER PARK, FL 32789
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DO NOT WRITE IN THIS SPACE



01152007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 59-3571589	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent

**BUILDER, J. LINDSAY JR.
369 N. NEW YORK AVENUE, 3RD FLOOR
WINTER PARK, FL 32789**

**DO NOT WRITE
IN THIS SPACE**

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR SHANNON, MICHAEL V 753 E. GLENN AVENUE AUBURN, AL 36831
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR FINDURA, MARK L 300 PARK AVE. SOUTH, STE. 200 WINTER PARK, FL 32789
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE:  **1.17.07**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #