

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M04000002128

Entity Name: PLANTATION CARLISLE, LLC

FILED
Apr 17, 2006
Secretary of State

Current Principal Place of Business:

104 CRANDON BLVD., SUITE 409
KEY BISCAYNE, FL 33149

New Principal Place of Business:

901 PONCE DE LEON BOULEVARD
SUITE #505
CORAL GABLES, FL 33134

Current Mailing Address:

104 CRANDON BLVD., SUITE 409
KEY BISCAYNE, FL 33149

New Mailing Address:

901 PONCE DE LEON BOULEVARD
SUITE #505
CORAL GABLES, FL 33134

FEI Number: 14-1908982

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RESEARCH MANAGEMENT CORPORATION
104 CRANDON BLVD., SUITE 409
KEY BISCAYNE, FL 33149 US

Name and Address of New Registered Agent:

RESEARCH MANAGEMENT CORPORATION
901 PONCE DE LEON BOULEVARD
SUITE #505
CORAL GABLES, FL 33134 US

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:

04/17/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: CARLISLE REALTY HOLD, ING I, LIMITED PARTNER
Address: 104 CRANDON BLVD., SUITE 409
City-St-Zip: KEY BISCAYNE, FL 33149

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: CARLISLE REALTY HOLD, ING I, LIMITED PARTNER
Address: 901 PONCE DE LEON BOULEVARD
City-St-Zip: CORAL GABLES, FL 33134

I hereby certify that the information supplied with this filing does not qualify for the 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: RICHARD FOWNES

MGR

04/17/2006

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