


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 10, 2004 8:00 am
Secretary of State

06-10-2004 90191 006 ****50.00

DOCUMENT # M99000001072			
1. Entity Name CARLISLE GP, L.L.C.			
Principal Place of Business 1165 CAMP HOLLOW ROAD WEST MIFFLIN, PA 15122		Mailing Address 1165 CAMP HOLLOW ROAD WEST MIFFLIN, PA 15122	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc. 800 Waterfront Drive		Suite, Apt. #, etc. 800 Waterfront Drive	
City & State Pittsburgh PA		City & State Pittsburgh PA	
Zip 15222		Zip 15222	
Country		Country	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
Filing Fee is \$50.00 Due by September 8, 2004		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM ANTHONY CRANE RENTAL, L.P. 4166 CAMP HOLLOW ROAD WEST MIFFLIN, PA 15122 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	800 Waterfront Drive <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Pittsburgh PA 15222
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 <i>Ronald M. Marmo</i>		Date 6/3/04 Daytime Phone # 412 320 4900	

14023712



06042004 Chg-LLC CR2E083 (10/03)

4. FEI Number
25-1838858

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

FL Zip Code