

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000011324

Entity Name: CORE EQUITIES, L.L.C.

FILED
Apr 21, 2006
Secretary of State

Current Principal Place of Business:

OFFICE
850 EAST COMMERCIAL BLVD
OAKLAND PARK, FL 33334

Current Mailing Address:

OFFICE
PO BOX 23758
FT LAUDERDALE, FL 33307

New Principal Place of Business:

C/O KRAMER WEISMAN ASSOC. 12515 ORANGE DR
814
DAVIE, FL 33330

New Mailing Address:

C/O KRAMER WEISMAN ASSOC. 12515 ORANGE DR
814
DAVIE, FL 33330

FEI Number: 65-1095842

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

INMAN, MARK
850 EAST COMMERCIAL BLVD
OAKLAND PARK, FL 33334 US

Name and Address of New Registered Agent:

TOTH, ANDREUS J
12515 ORANGE DR
814
DAVIE, FL 33330 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: ANDREUS J. TOTH

04/21/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: INMAN, MARK
Address: 850 E COMMERCIAL BLVD
City-St-Zip: OAKLAND PARK, FL 33334

Title: MGRM (X) Delete
Name: INMAN, MARC
Address: 850 E COMMERCIAL BLVD
City-St-Zip: OAKLAND PARK, FL 33334

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: INMAN, MARK T
Address: 12515 ORANGE DR SUITE 814
City-St-Zip: DAVIE, FL 33330

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: MARC T. INMAN

MGRM

04/21/2006

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