

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
May 26, 2004 8:00 am
Secretary of State

4/14

04-14-2004 90285 010 ****50.00

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| DOCUMENT # L03000005752 | |
| 1. Entity Name THE CORE, LLC | |



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| Principal Place of Business 10933 LEDGEMEND LANE WINDERMERE FL 34786 | Mailing Address 10933 LEDGEMEND LANE WINDERMERE FL 34786 |
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|---|---|
| 2. Principal Place of Business 10933 LEDGEMEND LANE | 3. Mailing Address 10933 LEDGEMEND LANE |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State |
| Zip | Country |



MOORE CR2E083 (11/03)

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|---|--|--|
| 4. FEI Number 76-0738915 | | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required | | |
| 6. Name and Address of Current Registered Agent SENIOR, MIGUEL 4901 VINELAND RD #270 ORLANDO FL 32811 | | 7. Name and Address of New Registered Agent Name KELLY WELLS Street Address (P.O. Box Number is Not Acceptable) 10933 LEDGEMEND LANE City WINDERMERE City ORLANDO FL Zip Code 34786 |

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 **KELLY WELLS** DATE **APRIL 7th 2004**
(Signature, typed or printed name of registered agent, if applicable) (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2004

| 9. MANAGING MEMBERS/MANAGERS | | 10. ADDITIONS/CHANGES | |
|--|---|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM THE CORE LTD 29A PENTAGON CHATAM KENT ME4 4HP <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)(i), 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: **KELLY WELLS** 4-7-04 407 909 1679
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #