2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 17, 2009
Secretary of State

DOCUMENT# L04000005246

Entity Name: TRADITION OUTFITTERS, LLC

Current Principal Place of Business:

10521 SW VILLAGE CENTER DR, STE 201
PORT ST LUCIE, FL 34987

New Principal Place of Business:

Current Mailing Address:

10521 SW VILLAGE CENTER DR, STE 201
PORT ST LUCIE, FL 34987

New Mailing Address:

FEI Number: 06-1718734 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: CORE COMMUNITIES, LL, C
Address: 2200 WEST CYPRESS CREEK ROAD
City-St-Zip: FORT LAUDERDALE, FL 33309

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: CORE COMMUNITIES, LL, C
Address: 10521 SW VILLAGE CENTER DRIVE
City-St-Zip: PORT ST. LUCIE, FL 34987

I hereby certify that the information supplied with this filing does not qualify 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: JAMES H ANDERSON EVP 02/17/2009

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