


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 21, 2005 8:00 am
Secretary of State

03-21-2005 90538 005 ****50.00

DOCUMENT # L04000021364

1. Entity Name
CORE/PMG LONGBOAT, LLC



Principal Place of Business: **100 S WASHINGTON BLVD. SARASOTA, FL 34236**

Mailing Address: **100 S WASHINGTON BLVD. SARASOTA, FL 34236**

20023346



2. Principal Place of Business: **9916 E. Harry**
 Suite, Apt. #, etc.: **Suite 104**
 City & State: **Wichita, KS**
 Zip: **67207** Country: **SC**

3. Mailing Address: **same**
 Suite, Apt. #, etc.:
 City & State:
 Zip: Country:

02152005 Chg-LLC CR2E083 (10/03)

6. Name and Address of Current Registered Agent
RAJALA, TERESA L
720 S ORANGE AVE
SARASOTA, FL 34236

7. Name and Address of New Registered Agent
 Name: **Kevin Daves**
 Street Address (P.O. Box Number is Not Acceptable): **409 W. Washington Dr**
 City: **Sarasota** FL Zip Code: **34236**

4. FEI Number: **20-0898018** Applied For: Not Applicable:

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

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: *Kevin Daves* **Kevin Daves** DATE: **3-4-05**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

Filing Fee is \$50.00 Due by May 1, 2005

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DAVES, KEVIN 9916 E HARRY ST WICHITA, KS 67207 <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	MGR MALONEY, KEVIN P 130 E 57TH ST, 5TH FLOOR NEW YORK, NY 10022 <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
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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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: *Kevin Daves* **Kevin Daves** DATE: **3-4-05** DAYTIME PHONE #: **316 686-2290**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE