## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

## **DOCUMENT # L04000021364**

1. Entity Name

CORE/PMG LONGBOAT, LLC



Principal Place of Business

9916 EAST HARRY

SUITE 104 WICHITA, KS 67207 Mailing Address

9916 EAST HARRY

SUITE 104

WICHITA, KS 67207

FILED Mar 10, 2008 08:00 AN Secretary of State



03052008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 20-0898018

Applied For Not Applical

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

DAVES, KEVIN 409 NORTH WASHINGTON DRIVE SARASOTA, FL 34236

## DO NOT WRITE IN THIS SPACE

| 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 acce |
|----|---|--|----------|--------------------------|---------------------|----------|
|    | the obligations of registered agent.                            |  |          |                          |                     |          |

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE Registered Agent signature required when reinstating)

DATE

## FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75

| 9.                                    | MANAGING MEMBERS/MANAGERS  |  |  |
|---------------------------------------|--|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR<br>DAVES, KEVIN<br>9916 E HARRY ST<br>WICHITA, KS 67207      |  |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR MALONEY, KEVIN P 130 E 57TH ST, 5TH FLOOR NEW YORK, NY 10022 |  |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP |  |  |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP |  |  |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP |  |  |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP |  |  |  |

DO NOT WRITE IN THIS SPACE

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.

1/11/11/05