

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000049198

FILED
Feb 11, 2005
Secretary of State

Entity Name: CORE DIVERSIFIED HOLDINGS LLC

Current Principal Place of Business:

4103 N. STATE ROAD 7
FORT LAUDERDALE, FL 33319

New Principal Place of Business:

Current Mailing Address:

P.O.BOX. 100523
FORT LAUDERDALE, FL 33310 02

New Mailing Address:

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCPHERSON, PAUL
4103 N. STATE ROAD 7
FORT LAUDERDALE, FL 33319 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/MEMBERS:

Title: MGR () Delete
Name: MCPHERSON, PAUL
Address: 4103 N. STATE ROAD 7
City-St-Zip: FORT LAUDERDALE, FL 33319

Title: MGR () Delete
Name: SMITH, AUSTIN
Address: 4103 N. STATE ROAD 7
City-St-Zip: FORT LAUDERDALE, FL 33319

Title: MGR () Delete
Name: GRANDISON, NIGEL
Address: 4103 N. STATE ROAD 7
City-St-Zip: FORT LAUDERDALE, FL 33319

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: MCPHERSON, PAUL
Address: 4103 N. STATE ROAD 7
City-St-Zip: FORT LAUDERDALE, FL 33319

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

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 Section 119.07(3)(i), 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: PAUL MCPHERSON

MGRM

02/11/2005

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