2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 23, 2006
Secretary of State

DOCUMENT# L04000049198

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

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/MANAGERS:

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

ADDITIONS/CHANGES:

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

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

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 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: PAUL MCPHERSON MGRM 04/23/2006

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