

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 14, 2006 8:00 am
Secretary of State

04-14-2006 90030 043 ****50.00

DOCUMENT # L04000062794					
1. Entity Name CORE LONGBOAT, LLC					
Principal Place of Business 100 SOUTH WASHINGTON BOULEVARD SARASOTA, FL 34236			Mailing Address 100 SOUTH WASHINGTON BOULEVARD SARASOTA, FL 34236		
2. Principal Place of Business 9916 E. Harry Suite, Apt. #, etc. Suite 104 City & State Wichita KS Zip 67207 Country USA		3. Mailing Address 9916 E. Harry Suite, Apt. #, etc. Suite 104 City & State Wichita KS Zip 67207 Country USA			
4. FEI Number 84-1660129				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				04112006 Chg-LLC CR2E083 (11/05)	
6. Name and Address of Current Registered Agent DAVES, KEVIN 409 N WASHINGTON SARASOTA, FL 34236			7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2006				Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE _____ NAME DAVES, KEVIN STREET ADDRESS 9916 EAST HARRY STREET STE. 104 CITY-ST-ZIP 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 _____	<input type="checkbox"/> Delete		TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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.					
SIGNATURE: <u>Kevin Daves</u>			Date <u>4/10/06</u>		Daytime Phone # <u>314 696-2290</u>