


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 17, 2008 8:00 am
Secretary of State

04-17-2008 90266 001 *3,885.00

DOCUMENT # L05000023765

1. Entity Name
CORE COMMUNITIES OF SOUTH CAROLINA, LLC



Principal Place of Business
**2200 WEST CYPRESS CREEK ROAD
 FORT LAUDERDALE, FL 33309**

Mailing Address
**PO BOX 5403
 FORT LAUDERDALE, FL 33310**

30004186

DO NOT WRITE IN THIS SPACE



03252008 No Chg-LLC CR2E083 (12/07)

| | |
|------------------------------------|-------------------------------|
| 4. FEI Number 16-1718738 | Applied For Not Applicable |
|------------------------------------|-------------------------------|

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

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION, FL 33324**

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

**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 | MGRM CORE COMMUNITIES, LLC 2200 WEST CYPRESS CREEK ROAD FORT LAUDERDALE, FL 33309 |
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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: *J. Paul Fleming* **3/26/08** **772-340-3500**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #