


**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 14, 2008 08:00 A
Secretary of State

DOCUMENT # L05000055321 1. Entity Name CORE CAPABILITY, LLC	
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Principal Place of Business 135 VIA SANTA CRUZ JUPITER, FL 33458 US	Mailing Address 135 VIA SANTA CRUZ JUPITER, FL 33458 US
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DO NOT WRITE IN THIS SPACE



04102008No Chg-LLC

CR2E083 (12/07)

4. FEI Number 87-0746943	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent

**HAIGH, DONNA E
135 VIA SANTA CRUZ
JUPITER, FL 33458**

**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 accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

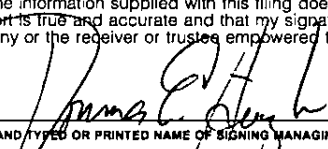
**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HAIGH, DONNA E 135 VIA SANTA CRUZ JUPITER, FL 33458
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HAIGH, DOREEN L 1601 LANCE RD JUPITER, FL 33458
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**DO NOT WRITE
IN THIS SPACE**

U000000894353
04/24/09-80024-009 138.75

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:  **4/11/08**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #