## 2007 LIMITED LIABILITY COMPANY

Marian Maria and Alberta

## Sep 11, 2007 8:00 am Secretary of State ANNUAL REPORT DOCUMENT # L06000016223 09-11-2007 90035 032 \*\*\*\*55.00 THE CORE PROPERTY TEAM LLC Principal Place of Business Mailing Address **UUUUUV~~** -8560 ABBOTSBURY DRIVE 7901 SILVER BASS COURT WINDERMERE, FL 34786 KISSIMMEE, FL 34747 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 862W. Illo Blonson Huy 7862 W. IRLU BRONSON HO 09072007 CR2E083 (12/06) Chg-LLC City & State Applied For 4. FEI Number 1551MMEE Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SCOTT FAULKNER WELLS, KELLY L 8560 ABBOTSBURY DRIVE Street Address (P.O. Box Number is Not Acceptable) WINDERMERE, FL 34786 1551 MMEE 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 the obligations of registered agent. SCOTT PAULICNEN SIGNATURE Signature, typed or printed Filing Fee is \$50.00 Due by September 14, 2007 Make check payable to Florida Department of State 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES MGR TITLE TILE Change ☐ Addition WELLS, KELLY L NAME NAME 8560 ABBOTSBURY DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP WINDERMERE, FL 34786 CITY-ST-ZIP MGR TITLE ☐ Delete TITLE ☐ Change ■ Addition FAULKNER, DON SCOTT NAME 8560 ABBOTSBURY DRIVE STREET ADORESS STREET ADDRESS CITY-ST-ZIP WINDERMERE, FL: 34786 CITY-ST-7IP MGR TITLE ☐ Delete TITLE ☐ Change Addition HOPKINS, LYNDA NAME NAME STREET ADDRESS 8560 ABBOTSBURY DRIVE STREET ADDRESS CITY-ST-ZIP WINDERMERE, FL 34786 CITY-ST-78P TITI F Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

SIGNATURE:

☐ Delete

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TULE

NAME

☐ Change

■ Addition

ATTACHMENT

**CORE** PROPERTY TEAM

Vacation Property Management, Rentals and Sales

1st September 2007

Division of Corporations PO BOX 6478 Tallahassee. Florida 32314

Dear Sirs,

The Core Property Team LLC. 2007 Limited Liability Company Annual Report

Please find enclosed copy of document # L06000016223. Please note there have been amendments made to the proforma.

Pleas also see attached cheque for \$55 to cover the cost of the application fee plus we require a copy of the Certificate of Status.

Should require any assistance or additional information please do not hesitate to contact this office.

Yours faithfully,

don scott faulkner