

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000104545

FILED
Jun 11, 2009
Secretary of State

Entity Name: THE CORE ENERGY INSTITUTE, LLC

Current Principal Place of Business:

901 PROGRESSO
SUITE 110
FORT LAUDERDALE, FL 33304 US

New Principal Place of Business:

706 NE 3RD AVENUE
FORT LAUDERDALE, FL 33304 US

Current Mailing Address:

901 PROGRESSO
SUITE 110
FORT LAUDERDALE, FL 33304 US

New Mailing Address:

706 NE 3RD AVENUE
FORT LAUDERDALE, FL 33304 US

FEI Number: 20-5784309 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

NELSON, PEGGY J
901 PROGRESSO
SUITE 110
FORT LAUDERDALE, FL 33304 US

Name and Address of New Registered Agent:

NELSON, PEGGY J
706 NE 3RD AVENUE
FORT LAUDERDALE, FL 33304 US

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: PEGGY J. NELSON

06/11/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: NELSON, PEGGY J
Address: 301 NE 6TH STREET
City-St-Zip: POMPANO BEACH, FL 33060 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: NELSON, PEGGY J
Address: 706 NE 3RD AVENUE
City-St-Zip: FT. LAUDERDALE, FL 33304 US

I hereby certify that the information supplied with this filing does not qualify 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: PEGGY J. NELSON

MGRM

06/11/2009

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