

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT (AR) - DUE BY MAY 1, 2008**

FILED
Jun 23, 2008 8:00 am
Secretary of State

05-16-2008 90188 036 ***138.75

DOCUMENT # L07000092802	
1. Entity Name CORE IDENTITY LLC	

Principal Place of Business 445 DOCKSIDE DR, STE 304 NAPLES FL 34110	Mailing Address 445 DOCKSIDE DR, STE 304 NAPLES FL 34110
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00000100



2. Principal Place of Business - No P.O. Box #	3. Mailing Address 127 Bayview Ave
Suite, Apt. #, etc.	Suite, Apt. #, etc.

1st MOORE CR2E083 (10/07)

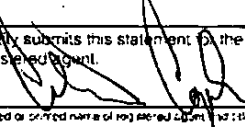
City & State Naples, FL	City & State Naples, FL
Zip 34108	Country USA

4. FEI Number 77-0705612	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent BUSINESS FILINGS INCORPORATED 1203 GOVERNOR'S SQUARE BLVD SUITE 101 TALLAHASSEE FL 32301-2960	

7. Name and Address of New Registered Agent Name William Caple Street Address (P.O. Box Number is Not Acceptable) 127 Bayview Ave City Naples FL Zip Code 34108	
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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 **4/26/08**

FILE NOW!!! FEE IS \$138.75
After May 1, 2008, Fee Will Be \$538.75
Make Check Payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CAPLE, WILLIAM 445 DOCKSIDE DR, STE 304 NAPLES FL 34110 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WAGNER, GRANT 445 DOCKSIDE DR, STE 304 NAPLES FL 34110 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4/26/08 301-466-0494

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Desktop Printer 8