

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000095427

FILED
Mar 12, 2008
Secretary of State

Entity Name: CODICORE INVESTMENTS, LLC

Current Principal Place of Business:

9900 SOUTH OCEAN DRIVE
SUITE 905
JENSEN BEACH, FL 34957 US

New Principal Place of Business:

Current Mailing Address:

9900 SOUTH OCEAN DRIVE
SUITE 905
JENSEN BEACH, FL 34957 US

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PRYOR, MARLENE G
9900 SOUTH OCEAN DRIVE
SUITE 905
JENSEN BEACH, FL 34957 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: PRYOR, MARLENE G
Address: 9900 SOUTH OCEAN DRIVE, SUITE 905
City-St-Zip: JENSEN BEACH, FL 34957 US

Title: MGRM () Delete
Name: PRYOR, STAN G
Address: 9900 SOUTH OCEAN DRIVE, SUITE 905
City-St-Zip: JENSEN BEACH, FL 34957 US

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: PRYOR, MARLENE G
Address: 9900 SOUTH OCEAN DRIVE, SUITE 905
City-St-Zip: JENSEN BEACH, FL 34957 US

Title: MGR (X) Change () Addition
Name: PRYOR, STAN G
Address: 9900 SOUTH OCEAN DRIVE, SUITE 905
City-St-Zip: JENSEN BEACH, FL 34957 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: MARLENE G PRYOR

MGR

03/12/2008

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