



2008 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 NOV 12 PM 2:36

DOCUMENT # M07000003543 1. Entity Name CORE ALTERNATIVE INVESTMENTS LLC					
Principal Place of Business 93351 OVERSEAS HIGHWAY TAVERNIER, FL 33070			Mailing Address 93351 OVERSEAS HIGHWAY TAVERNIER, FL 33070		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		10282008 REIN-LLC CR2E101 (1/07)	
Zip		Country		4. FEI Number 75-3234385	
5. Certificate of Status Desired <input type="checkbox"/>				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent ALLEN, DAVID R 93351 OVERSEAS HIGHWAY TAVERNIER, FL 33070			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City		
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 <u><i>[Signature]</i></u> DATE <u>11/06/08</u>		
FILE NOW!!! FEE IS \$238.75 After January 1, 2009, Fee will be \$377.50			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR NEWBERRY, THOMAS J 93351 OVERSEAS HIGHWAY TAVERNIER, FL 33070	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR DEMING, PAUL G 50 SOUTH 6TH STREET, SUITE 975 MINNEAPOLIS, MN 55402	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
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 <u><i>[Signature]</i></u> DATE <u>10-29-08</u>		