


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 08, 2004 8:00 am
Secretary of State

04-08-2004 90274 005 ****50.00

DOCUMENT # L02000029841
 1. Entity Name
 SOUTHERN LINK, L.L.C.



Principal Place of Business Mailing Address
 12565 ORANGE DRIVE, SUITE #403 12565 ORANGE DRIVE, SUITE #403
 DAVIE, FL 33330 DAVIE, FL 33330


24038146

2. Principal Place of Business 3. Mailing Address
 1675 MARKET STREET 1675 MARKET STREET

Suite, Apt. #, etc. Suite, Apt. #, etc.
 215 215

City & State City & State
 WESTON, FL WESTON, FL

Zip Country Zip Country
 33326 USA 33326 USA



04052004 Chg-LLC CR2E083 (10/03)
 4. FEI Number 03-0492090 Applied For Not Applicable
 5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
 BRECCIA, ALEJANDRO
 1675 MARKET STREET, SUITE 215
 WESTON, FL 33326

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City FL Zip Code

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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$50.00 Due by May 1, 2004 **Make check payable to Florida Department of State**

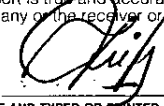
9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM	<input type="checkbox"/> Delete
NAME	LAYUN, CARLOS O	
STREET ADDRESS	1675 MARKET STREET, SUITE 215	
CITY-ST-ZIP	WESTON, FL 33326	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	BRECCIA, ALEJANDRO	
STREET ADDRESS	1675 MARKET STREET, SUITE 215	
CITY-ST-ZIP	WESTON, FL 33326	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  DATE: 4-5-04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Daytime Phone #