


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 16, 2005 8:00 am
Secretary of State

06-16-2005 90093 008 ****50.00

DOCUMENT # L02000029841

1. Entity Name
SOUTHERN LINK, L.L.C.



Principal Place of Business
**1675 MARKET STREET #215
 WESTON, FL 33326**

Mailing Address
**1675 MARKET STREET #215
 WESTON, FL 33326**

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2. Principal Place of Business 2000 MAIN STREET		3. Mailing Address 2000 MAIN STREET	
Suite, Apt. #, etc. SUITE 201		Suite, Apt. #, etc. SUITE 201	
City & State WESTON, FL.		City & State WESTON, FL.	
Zip 33326	Country USA	Zip 33326	Country USA

06092005 Chg-LLC CR2E083 (10/03)

4. FEI Number 03-0492090	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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 BRECCIA, ALEJANDRO Street Address (P.O. Box Number is Not Acceptable) 2000 MAIN STREET SUITE 201 City WESTON FL Zip Code 33326	
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$50.00 Due by September 7, 2005	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LAYUN, CARLOS O 1675 MARKET STREET, SUITE 215 WESTON, FL 33326 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LAYUN, CARLOS O. 2000 MAIN ST. STE. 201 WESTON, FL. 33326 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BRECCIA, ALEJANDRO 1675 MARKET STREET, SUITE 215 WESTON, FL 33326 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BRECCIA, ALEJANDRO 2000 MAIN STREET STE. 201 WESTON, FL. 33326 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  **10-14-05** **305/444-8333**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #