


**2005 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**May 03, 2005 8:00 am**  
**Secretary of State**

05-03-2005 90024 014 \*\*\*\*50.00

<b>DOCUMENT # L03000043866</b>	
1. Entity Name <b>LINKEA LLC</b>	

Principal Place of Business <b>1390 BRICKELL AVE., STE 200 MIAMI, FL 33131</b>	Mailing Address <b>1390 BRICKELL AVE., STE 200 MIAMI, FL 33131</b>
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2. Principal Place of Business <i>1114 S. DOUGLAS RD.</i>	3. Mailing Address <i>1114 S. DOUGLAS RD.</i>
Suite, Apt. #, etc. <i>6</i>	Suite, Apt. #, etc. <i>6</i>

City & State <i>CORAL GABLES, FL</i>	City & State <i>CORAL GABLES, FL</i>
Zip <i>33134</i>	Country <i>USA</i>
Zip <i>33134</i>	Country <i>USA</i>



04212005 Chg-LLC CR2E083 (10/03)

4. FEI Number <b>22-0397272</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

**AGRAMUNT, LUIS**  
**1390 BRICKELL AVE., STE 200**  
**MIAMI, FL 33131**

**7. Name and Address of New Registered Agent**

Name *LUIS AGRAMUNT*

Street Address (P.O. Box Number is Not Acceptable)  
*1114 S. DOUGLAS RD. #6*

City *CORAL GABLES* **FL** Zip Code *33134*

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 *Luis Agramunt* *[Signature]* *04/28/05*  
Signature, typed or printed name of registered agent and title (separable) (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$50.00**  
**Due by May 1, 2005**

**Make check payable to**  
**Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR UNDERHILL, MUNISHA 1390 BRICKELL AVE., STE 200 MIAMI, FL 33131	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DE GOYENCHE, ALFONSO 1390 BRICKELL AVE., STE 200 MIAMI, FL 33131	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>

10. ADDITIONS/CHANGES		<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>1114 S. DOUGLAS RD. #6 CORAL GABLES, FL 33134</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>1114 S. DOUGLAS RD. #6 CORAL GABLES, FL 33134</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>

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:** *[Signature]* *ALFONSO GOYENCHE POA* *04/28/05* *(305) 448-3077*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #