

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000014503

FILED  
Mar 21, 2006  
Secretary of State

Entity Name: NEWLINK PCR, LLC

**Current Principal Place of Business:**

1111 BRICKELL AVE., #1350  
MIAMI, FL 33131

**New Principal Place of Business:**

1111 BRICKELL AVE  
SUITE 1350  
MIAMI, FL 33131

**Current Mailing Address:**

1111 BRICKELL AVE., #1350  
MIAMI, FL 33131

**New Mailing Address:**

1111 BRICKELL AVE  
SUITE 1350  
MIAMI, FL 33131

FEI Number: 20-2378816

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

LEVI, RAIMUNDO CPA  
224 CATALONIA AVE.  
CORAL GABLES, FL 33134 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: MGR ( ) Delete  
Name: ROITBERG, SERGIO  
Address: 1111 BRICKELL AVE., #1350  
City-St-Zip: MIAMI, FL 33131

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: PD (X) Change ( ) Addition  
Name: ROITBERG, SERGIO  
Address: 1111 BRICKELL AVE., #1350  
City-St-Zip: MIAMI, FL 33131

Title: CEO ( ) Change (X) Addition  
Name: DE VENGOECHEA, MAURICIO  
Address: 1111 BRICKELL AVE., #1350  
City-St-Zip: MIAMI, FL 33131

I hereby certify that the information supplied with this filing does not qualify for the 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: SERGIO ROITBERG

PD

03/21/2006

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