

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

May 01, 2000 08:00 AM
Secretary of State

DOCUMENT # L98000000362

1. Entity Name
 LANE-LINK, LLC

Principal Place of Business 1120 LYONTREE STREET HOLLYWOOD FL 33019	Mailing Address P.O. BOX 7245 FT. LAUDERDALE FL 33338
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address 814 COUNTRY CLUB DRIVE Suite, Apt. #, etc.
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City & State HEATH TX	City & State HEATH TX
Zip 75032	Country

4. FEI Number 65-0836965	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

LANE SUSAN
 1120 LYONTREE STREET

 HOLLYWOOD FL 33019

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.

SIGNATURE _____ DATE **05/01/2000**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

TITLE	MGRM	<input type="checkbox"/> Delete
NAME	LANE DAVID B	
STREET ADDRESS	1120 LYONTREE STREET	
CITY-ST-ZIP	HOLLYWOOD FL 33019	
TITLE	MGRM	<input checked="" type="checkbox"/> Delete
NAME	LANE JOEL R	
STREET ADDRESS	1120 LYONTREE STREET	
CITY-ST-ZIP	HOLLYWOOD FL 33019	
TITLE	MGRM	<input checked="" type="checkbox"/> Delete
NAME	LANE SUSAN	
STREET ADDRESS	1120 LYONTREE STREET	
CITY-ST-ZIP	HOLLYWOOD FL 33019	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	LANE BETTY Y	
STREET ADDRESS	1120 LYONTREE STREET	
CITY-ST-ZIP	HOLLYWOOD FL 33019	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	LANE ROBERT R	
STREET ADDRESS	1120 LYONTREE STREET	
CITY-ST-ZIP	HOLLYWOOD FL 33019	
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.