2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 24, 2005 08:00 AM
Secretary of State

DOCUMENT # L98000002359

1. Entity Name
METAL LINK INTERNATIONAL, L.C.

Principal Place of Business	Mailing Address
13500 SUTTON PARK DR. S., SUITE 702 JACKSONVILLE, FL 32224	13500 SUTTON PARK DR. S., SUITE 702 JACKSONVILLE, FL 32224

DO NOT WRITE IN THIS SPACE

D1122005No Chg-LLC CR2E083 (10/03)

4. FEI Number
59-3536262

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

WILCOX, RALEIGH M PA
13500 SUTTON PARK DR. S., SUITE 702
JACKSONVILLE, FL 32224

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

Filing Fee is $50.00
Due by May 1, 2005

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGRM
NAME	MCREE, THOMAS E
STREET ADDRESS	13500 SUTTON PARK DR. S., SUITE 702
CITY-ST-ZIP	JACKSONVILLE, FL 32224
TITLE	MGRM
NAME	STEMMER, RICHARD S
STREET ADDRESS	13500 SUTTON PARK DR. S., SUITE 702
CITY-ST-ZIP	JACKSONVILLE, FL 32224
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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NAME	
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CITY-ST-ZIP	

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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: Thomas E. McRae Thomas E McR 1-12-05 904821-8909

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