2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 15, 2007 8:00 am
Secretary of State
05-15-2007 90152 015 ****50.00

DOCUMENT # L05000115915

1. Entity Name
LIN, LLC

Principal Place of Business	Mailing Address
1851 NW 125TH AVENUE, SUITE 420 PEMBROKE PINES, FL 33028	1851 NW 125TH AVENUE, SUITE 420 PEMBROKE PINES, FL 33028

04272007 Chg-LLC CR2E083 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
401 NW 7th Avenue	100 SE 6th Street
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Fort Lauderdale FL	City & State: Fort Lauderdale
Zip: 33311 Country: USA	Zip: 33301 Country: USA

4. FEI Number — ☑ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
LINDOR, GERALD J 1851 NW 125TH AVENUE, SUITE 420 PEMBROKE PINES, FL 33028	Name: Bernadette Norris-Weeks Street Address (P.O. Box Number is Not Acceptable): 100 SE 6th Street Ft Lauderdale City: " " FL Zip Code: 33301

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: _____ 4/27/07
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, 2007

Make check payable to Florida Department of State

9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM LINDOR, GERALD J 1851 NW 125TH AVENUE, SUITE 420 PEMBROKE PINES, FL 33028	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM Valene Kiffin Lewis 4801 S. University Dr., Suite 219 Fort Lauderdale FL 33328	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM Bernadette Norris-Weeks 100 SE 6th Street Ft Lauderdale, FL 33301	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _____ 4-27-07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #