

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A01000001470

1. Entity Name

LNKX PROPERTIES, LTD.

Principal Place of Business

3910 COUNTRY CLUB BLVD.  
CAPE CORAL FL 33904

Mailing Address

3910 COUNTRY CLUB BLVD.  
CAPE CORAL FL 33904

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

FILED  
02 MAY 15 PM 2:15

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

MJH



5/15 DUE BY MAY 1, 2002

City & State

City & State

4. FEI Number

65-1148634

Applied For

Not Applicable

Zip \*

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

## 6. Name and Address of Current Registered Agent

Name

KOHL, ETTA R

3910 COUNTRY CLUB BLVD.  
CAPE CORAL FL 33904

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

Signature, typed or printed name of registered agent and title if applicable.

DATE

9. Capital Contributions  
as Shown on record.

\$90.00

10. Amount of Capital Contributions  
in FLORIDA to date.

11. MAKE CHECK PAYABLE TO DEPT. OF STATE  
SEE REVERSE SIDE FOR FEE INFORMATION

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.  
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

## 12. GENERAL PARTNER INFORMATION

## 13.

## ADDRESS CHANGES ONLY

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

P01000102301  
PARADISE SPECIALISTS, INC.  
3910 COUNTRY CLUB BLVD.  
CAPE CORAL FL 33904

STREET ADDRESS

CITY-ST-ZIP

300005638663-1  
-05/30/02--01006--020  
\*\*\*\*150.00 \*\*\*\*150.00

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CITY-ST-ZIP

14. 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

*Kohl* REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (9/01)

10014589  
AT