2001	UNIFORM	BUSINESS	REPORT	(UBR)
				(ODII)

DOCUMENT # A26247 1. Entity Name									317 A	
LINKS GROUP, LTD.					FILED				'n	
Principal Place of Business Mailing Address					<u></u>	01 MAR	30 AN 9:48			
1808 COLONY WAY JUPITER FL 33478 JUPITER FL 33478					SECRETARY OF STATE TALLAHASSEE, FLORIDA					
Principal Place of Business Address Mailing Address										
Suite, Apt. #, etc.		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE						
City & State		City & State		4. FEI Numbe	65-0041115		Applied For Not Applicable]		
Zip	Zip Country		Zip	Country		5. Certificate of	of Status Desired		75 Additional Required	
	6. Name and	d Address of Current F	Registered Agent		Name	7. Name and	Address of New Registe	ered Ager	ıt	7
WEBSTER, JOSEPH A III 1808 COLONY WAY JUPITER FL 33478				Street Address (P.O. Box Number is Not Acceptable)					-	
				City	City FL Zip Code					
8. The above	e named entity su	bmits this statement for	the purpose of changing its	registere	d office or registere	ed agent, or both		re		-
SIGNATURE	Signature, typed or pri	nted name of registered agent an	nd title if applicable. (NOTE	Registere	d Agent signature required	when reinstating)	D	ATE	<u> </u>	
9. Capital Co as Shown	ontributions on record.	\$3,288,386.00	10. Amount of Capita in FLORIDA to da		witigns 339 3	306.00	11. MAKE CHECK PAY SEE REVERSE SID			
	A GEN NOTE: G	NERAL PARTNER TH Eneral Partners MAY	HAT IS A BUSINESS ENT	ITY M	UST BE REGIST : an amendment	ERED AND AC	TIVE WITH THIS OF	FICE.		
12.		GENERAL PARTNER		13.	,		ADDRESS CHANGES	·		1
DOCUMENT # NAME STREET ADDRESS	LINKS GROUP, INC.			STRE	ET ADDRESS					2E003 (11/00)
CITY-ST-ZIP		98 COLONY WAY PITER FL 33478			-ST-ZIP					2E003
DOCUMENT # NAME STREET ADDRESS				STRE	ET ADORESS					S
CITY-ST-ZIP DOCUMENT #				CITY-	·ST-ZIP		0000399 04/1<u>1/</u>01-			
NAME_ STREET ADDRESS	IAME,				ET ADORESS		****526.2	5 **	**525.25 	
DOCUMENT #				╂	ST-ZIP ET ADORESS	 		 -		-
NAME STREET ADDRESS CITY-ST-ZIP	70				ST-ZIP	-	<u> </u>	<u> </u>		
DOCUMENT #	×ε			STREE	T ADDRESS				<u></u>	
STREET ADDRESS CITY-ST-ZIP				CITY-	ST-ZIP	- F-E			- -	-
DOCUMENT # NAME	<u> </u>			STREE	T ADDRESS					
STREET ADDRESS CITY-ST-ZIP					ST-ZIP					
14. I hereby of indicated the receiv	certify that the info on this report is tr er or trustee emp	rmation supplied with true and accurate and thowered to execute this r	nis filing does not qualify for t at my signature shall have th eport as required by Chapte	he exen e same r 620, F	nption stated in Sec legal effect as if ma lorida Statutes	tion 119.07(3)(i), ade under oath; ti	Florida Statutes, I further nat I am a General Partne	certify the	at the information nited partnership or	