

**FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE**

A9400000305

FILED
99 JUN 28 PM 5:00
SECRETARY OF STATE

1. Name of Limited Partnership
1a. DOCUMENT #
A9400000305

LINKS ASSOCIATES, LIMITED
A Florida Limited Partnership

Mailing Address		Principal Office Address		3. Date Formed or Registered 3/09/1994	5a. Capital Contributions as Shown on record. \$452,000.00
2. Mailing Address c/o John A. Moran Suite, Apt. #, etc. P.O. Box 3948 City & State Sarasota, FL Zip 34230 Country USA		2a. Principal Office Address 22 South Links Avenue Suite, Apt. #, etc. Suite 300 City & State Sarasota, FL Zip 34236 Country USA		3a. Date of Last Report 1/05/1998	5b. Amount of Capital Contributions in FLORIDA to date. \$452,000.00
				4. State or Country of Formation FL	
				6. FEI Number 65-0472264	<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
				7. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
8. Make check payable to: Dept. of State (See reverse side for fee information)					

9. Name and Address of Current Registered Agent DORE, STEPHEN 1345 Main Street Sarasota, FL 34236	10. If changed, new Registered Agent/Office Name Scott W. Dunlap Street Address (P.O. Box Number is Not Acceptable) 22 South Links Avenue Suite, Apt. #, etc. Suite 300 City Sarasota, FL Zip Code 34236
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10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment) *[Signature]* DATE *4/26/99*
**A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**

11. Name(s) of General Partner(s) Links Avenue, Inc.	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 22 South Links Avenue Suite 300	11b. City, State & Zip Code Sarasota, FL 34236	11c. Registration/Document Number 99 8000028308 600002921686--2 -07/01/99--01103--009 ***1026.25 ***1026.25 <i>FF \$1026.25</i>
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REINSTATEMENT

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE *[Signature]* DATE *4/28/99*
Links Avenue, Inc. By: Stephen Dore, Treasurer
Typed or Printed Name of General Partner Signing Form Daytime Telephone Number

CR2E003 (8/98)