


2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005

FILED

2005 MAY -3 PM 4: 02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A94000000305		
1. Entity Name LINKS ASSOCIATES, LIMITED		

Principal Place of Business 22 SOUTH LINKS AVENUE, SUITE 300 SARASOTA, FL 34236	Mailing Address P.O. BOX 3948 C/O JOHN A. MORAN SARASOTA, FL 34230
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2. Principal Place of Business c/o John A. Moran	3. Mailing Address
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Suite, Apt. #, etc. 1990 Main St., Suite 700	Suite, Apt. #, etc.
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City & State Sarasota, FL	City & State
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Zip 34236	Country U.S.	Zip	Country
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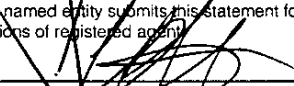


04052005 Chg-LP CR2E003 (10/03)

4. FEI Number 65-0472264	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent DUNLAP, SCOTT W 22 SOUTH LINKS AVENUE, SUITE 300 SARASOTA, FL 34236	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 1990 Main Street, Suite 700 City Sarasota FL Zip Code 34236
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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 	DATE 4-29-05

9. Capital Contributions as Shown on record. \$452,000.00	10. Amount of Capital Contributions in FLORIDA to date. \$452,000.00
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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	P98000028308 LINKS AVENUE, INC. 22 SOUTH LINKS AVENUE, SUITE 300 SARASOTA, FL 34236	STREET ADDRESS CITY-ST-ZIP	1990 Main Street, Suite 700 Sarasota, FL 34236
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

STEVEN W. DORE, Director
LINKS AVENUE, INC.

4-29-05

Date

941-366-0115

Daytime Phone #

STAPLE CHECK HERE