2006 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2006 DOCUMENT # A94000000305 1. Entity Name LINKS ASSOCIATES, LIMITED Principal Place of Business Mailing Address % JOHN A. MORAN P.O. BOX 3948 1990 MAIN ST., SUITE 700 C/O JOHN A. MORAN SARASOTA, FL 34236 SARASOTA, FL 34230 03012006 No Chg-LP DO NOT WRITE IN THIS SPACE 4. FEI Number 65-0472264 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent DUNLAP, SCOTT W 1990 MAIN ST., SUITE 700 SARASOTA, FL 34236 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

SECRETARY OF STATE DIVISION OF CORPORATIONS

06 MAR 27 AM 10: 43

CR2E003 (11/05)

Applied For

\$8.75 Additional

Fee Required

Not Applicable

•		
DO	NOT	WRITE

IN	THIS	SPACE	

the obligat	ions of registered agent.	,	
SIGNATURE	Signature, typed or printed name of registered agent and title if applicable.		DATE
•	FILE NOW!!! FEE IS \$500.00 After May 1, 2006, Fee will be \$900.0	00	DATE
	A GENERAL PARTNER THAT IS A BUSINESS ENTI- NOTE: General Partners MAY NOT be changed on the	TY MUST BE REGISTERED AND ACT form; an amendment must be filed to	FIVE WITH THIS OFFICE. o change a general partner.
12.	GENERAL PARTNER INFORMATION		
DOCUMENT #	P98000028308		
NAME	LINKS AVENUE, INC.		
STREET ADDRESS	1990 MAIN ST., SUITE 700	801	0069923018
CITY-ST-ZiP	SARASOTA, FL 34236	04/10/0	0069923018 %01018022 **500.00
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14. I hereby certify that the information supplied with this fling 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 thy 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:

Steven W.

STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME STREET ADDRESS CITY-\$T-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Dore,

Director