LIMITED PARTNERSHIP
ANNUAL REPORT
1998

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

A97000002768

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
98 JAN 27 PM 4:00

400002421784--2
-02/04/98--01112--004
****141.25 ****141.25

1. Name of Limited Partnership	1a. DOCUMENT #
Linkscorp Florida Oaks, Ltd.	

Mailing Address	Principal Office Address
245 Waukegan Road, Suite 204 Northfield, Illinois 60093	

2. Mailing Address	2a. Principal Office Address
Same as above	Same as above
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country

3. Date Formed or Registered: 12/18/97
3a. Date of Last Report:
4. State or Country of Formation: Florida
5a. Actual Contributions as Shown on record: 300,000.00
5b. Amount of Capital Contributions in FLORIDA to date: 300,000.00
6. FEI Number: ☒ Applied For ☐ Not Applicable
7. Certificate of Status Desired: ☐ $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	10. If changed, new Registered Agent/Office
CT Corporation System 1200 South Pine Island Road Plantation, Florida 33324	Name Street Address (P.O. Box Number is Not Acceptable) 400002421784--2 Suite, Apt. #, etc. -02/04/98--01112--002 ****395.00 ****395.00 City FL Zip Code

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) _____ DATE _____

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)	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registration/ Document Number
Linkscorp Inc.		Same as above	F98000003390

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
98 JAN 27 PM 4:00

MR - 437.50
SUNB - 88.75
526.25

MK 1/27/98

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)(i), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(i) 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 effect as if made under oath; I further certify that I am a General Partner of the limited partnership, successor or fiduciary empowered to execute this report as required by Chapter 620, Florida Statutes.

SIGNATURE: X _____ DATE: January 25, 1998

Typed or Printed Name of General Partner Signing Form: John Fahlberg
Daytime Telephone Number: 847-441-1010

CR2E003 (6/97)