


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 04, 2004 8:00 am
Secretary of State

03-04-2004 90069 022 ****55.00

| | | | |
|---|---------|---|---------|
| DOCUMENT # L00000003870 | |  | |
| 1. Entity Name INTERLINK USA, L.L.C. | | | |
| Principal Place of Business 5509 W. IRLO BRONSON KISSIMMEE FL 34746 | | Mailing Address 5509 W. IRLO BRONSON KISSIMMEE FL 34746 | |
| 2. Principal Place of Business | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |



MOORE CR2E083 (11/03)

| | | | |
|---|--|---|--|
| 4. FEI Number 59-3637182 | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | | \$5.00 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent LEVENTHAL, ELIZABETH 5509 W. IRLO BRONSON KISSIMMEE FL 34746 | | 7. Name and Address of New Registered Agent Name 10033 CANOPY TREE CT Street Address (P.O. Box Number is Not Acceptable) City ORLANDO FL Zip Code 32836 | |

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 *E Leventhal* **DEPAI FOI AG** (NOTE: Registered Agent signature required when reinstating) DATE 02/01/04

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2004

| 9. MANAGING MEMBERS/MANAGERS | | 10. ADDITIONS/CHANGES | |
|--|---|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VPT LEVENTHAL, SCOTT 5509 W. IRLO BRONSON KISSIMMEE FL 34746 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MPS LEVENTHAL, ELIZABETH 5509 W. IRLO BRONSON KISSIMMEE FL 34746 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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11. 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 managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *E Leventhal* ELIZABETH LEVENTHAL 02/01/04 407 466 5950
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #