2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 09, 2005
Secretary of State

DOCUMENT# L00000005834

Entity Name: LINCA, LLC

Current Principal Place of Business:

590 OCEAN DR. #7A
KEY BISCAYNE, FL 33149

New Principal Place of Business:

590 OCEAN DR. STE. 7A
KEY BISCAYNE, FL 33149

Current Mailing Address:

590 OCEAN DR. #7A
KEY BISCAYNE, FL 33149

New Mailing Address:

FEI Number: 65-1009531 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

ROJAS, RAUL
590 OCEAN DR. #7A
KEY BISCAYNE, FL 33149 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM ( ) Delete
Name: SILLERY, ANA
Address: 590 OCEAN DR. #7A
City-St-Zip: KEY BISCAYNE, FL 33149

Title: MGR ( ) Delete
Name: ROJAS, RAUL
Address: 590 OCEAN DR. #7A
City-St-Zip: KEY BISCAYNE, FL 33149

ADDITIONS/CHANGES:

Title: D (X) Change ( ) Addition
Name: SILLERY, ANA
Address: 590 OCEAN DR. #7A
City-St-Zip: KEY BISCAYNE, FL 33149

Title: D (X) Change ( ) Addition
Name: ROJAS, RAUL
Address: 590 OCEAN DR. #7A
City-St-Zip: KEY BISCAYNE, FL 33149

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: RAUL ROJAS D 05/09/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date