2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 16, 2007
Secretary of State

DOCUMENT# L01000007025

Entity Name: CO-LINK, L.L.C.

Current Principal Place of Business:

13899 BISCAYNE BLVD
STE 211
NORTH MIAMI BEACH, FL 33181

New Principal Place of Business:

Current Mailing Address:

5220 S UNIVERSITY DR
STE C-102
DAVIE, FL 33328

New Mailing Address:

FEI Number: 65-1101534 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SILVAS ENTERPRISE, INC.
5220 S UNIVERSITY DR
STE C-102
DAVIE, FL 33328 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/MANAGERS:

Title:	MGRM	( ) Delete
Name:	SUESCUN, JESUS H	
Address:	13899 BISCAYNE BLVD STE 211	
City-St-Zip:	NORTH MIAMI BEACH, FL 33181	
Title:	MGRM	( ) Delete
Name:	SUESCUN, BONNIE A	
Address:	13899 BISCAYNE BLVD STE 211	
City-St-Zip:	NORTH MIAMI BEACH, FL 33181	
Title:	MGRM	(X) Delete
Name:	LAMAS, CARLOS E	
Address:	13899 BISCAYNE BLVD STE 211	
City-St-Zip:	NORTH MIAMI BEACH, FL 33181	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: JESUS H SUESCUN MGRM 04/16/2007

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