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**2003 LIMITED LIABILITY COMPANY  
 UNIFORM BUSINESS REPORT (UBR)**

44005052



CHECK HERE IF MAKING CHANGES

<b>DOCUMENT # L02000010320</b>					
1. Entity Name <b>GROGAN INTERNATIONAL LINKS LLC</b>					
Principal Place of Business 628 EAGLE POINTE SOUTH KISSIMMEE, FL 34746			Mailing Address 628 EAGLE POINTE SOUTH KISSIMMEE, FL 34746		
2. Principal Place of Business 6855 Northwick Dr Suite, Apt. #, etc.		3. Mailing Address 6855 Northwick Dr Suite, Apt. #, etc.			
City & State WINDERMERE FL		City & State WINDERMERE FL			
Zip 34786		Country USA		4. FEI Number 59-3755394	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable			
6. Name and Address of Current Registered Agent BYRD & GANTY CPA SUNTRUST BLDG 3366 W. VINE STREET, SUITE 102 KISSIMMEE, FL 34741			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is NOT Acceptable) City FL Zip Code		
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: <i>[Signature]</i> DATE: 5/1/03					
9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GROGAN, LYN 628 EAGLE POINT SOUTH KISSIMMEE, FL 34746 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	6855 Northwick Dr WINDERMERE FL 34786	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.073(2), 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 800, Florida Statutes. SIGNATURE: <i>[Signature]</i> MEMBER. 5/1/03 407-702-4763					

CR2003 (1/02)