


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 03, 2005 8:00 am
Secretary of State

05-03-2005 90024 014 ****50.00

DOCUMENT # L03000043866		
1. Entity Name LINKEA LLC		

Principal Place of Business 1390 BRICKELL AVE., STE 200 MIAMI, FL 33131	Mailing Address 1390 BRICKELL AVE., STE 200 MIAMI, FL 33131
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2. Principal Place of Business 1114 S. DOUGLAS RD.	3. Mailing Address 1114 S. DOUGLAS RD.
Suite, Apt. #, etc. 6	Suite, Apt. #, etc. 6
City & State CORAL GABLES, FL	City & State CORAL GABLES, FL
Zip 33134 Country USA	Zip 33134 Country USA



04212005 Chg-LLC CR2E083 (10/03)

6. Name and Address of Current Registered Agent AGRAMUNT, LUIS 1390 BRICKELL AVE., STE 200 MIAMI, FL 33131		7. Name and Address of New Registered Agent Name LUIS AGRAMUNT Street Address (P.O. Box Number is Not Acceptable) 1114 S. DOUGLAS RD. #6 City CORAL GABLES FL Zip Code 33134	
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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 *Luis Agramunt* 04/28/05
Signature, typed or printed name of registered agent and title (if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$50.00 Due by May 1, 2005	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR UNDERHILL, MUNISHA 1390 BRICKELL AVE., STE 200 MIAMI, FL 33131 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1114 S. DOUGLAS RD. #6 CORAL GABLES, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DE GOYENECHE, ALFONSO 1390 BRICKELL AVE., STE 200 MIAMI, FL 33131 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1114 S. DOUGLAS RD. #6 CORAL GABLES, FL 33134
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
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

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: *Alfonso Goyeneche* 04/28/05 (305) 448-3077
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #