


**2005 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Jun 08, 2005 8:00 am**  
**Secretary of State**

03-21-2005 90533 011 \*\*\*\*50.00

<b>DOCUMENT # L04000024720</b>			
1. Entity Name UNIT 110 - THE LINKS, LLC			
Principal Place of Business 1351 13th Ave., S. Ste 110 Jacksonville, Beach FL 32250		Mailing Address 1351 13th Ave., S. Ste 110 Jacksonville, Beach FL 32250	
2. Principal Place of Business		3. Mailing Address	
Bldg. Apt. #, etc.		Bldg. Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 20-0943643		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent HUTCHINS, ROBERT J 400 N WYMORE RD; STE 110 WINTER PARK, FL 32789		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		City	
FL		FL	
Zip Code		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		DATE	
By whom, based on printed name of registered agent and title if applicable.		Printed Name of Agent (Agent's name is required when remaining)	
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE	NAME	TITLE	NAME
DR. President Managing Partner	DR. William J. ...	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	1351 13th Ave S, Suite 110		
CITY - ST - ZIP	Jacksonville Beach, FL 32250		
TITLE	NAME	TITLE	NAME
Vice President Managing Partner	DR. Anthony Capasso	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	1351 13th Ave S, Ste 110		
CITY - ST - ZIP	Jacksonville Beach FL 32250		
TITLE	NAME	TITLE	NAME
		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS			
CITY - ST - ZIP			
TITLE	NAME	TITLE	NAME
		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS			
CITY - ST - ZIP			
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(D), 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: <i>Anthony Capasso</i>		DATE	
SIGNATURE AND TITLE OR PRINTED NAME OF MEMBER, MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date	

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