


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 17, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000024720
 1. Entity Name
UNIT 110 - THE LINKS, LLC



Principal Place of Business 1351 13TH AVE., SOUTH SUITE 110 JACKSONVILLE BEACH, FL 32250	Mailing Address 1351 13TH AVE., SOUTH SUITE 110 JACKSONVILLE BEACH, FL 32250
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03032006No Chg-LLC CR2E083 (11/05)

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4. FEI Number 20-0443643	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**

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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 _____ (NOTE: Registered Agent signature required when reinstating)
 Signature, typed or printed name of registered agent and title if applicable. DATE _____

**Filing Fee is \$50.00
 Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM NEMEN, II, DR. WILLIAM 1351 13TH AVE. SOUTH, SUITE 110 JACKSONVILLE BEACH, FL 32250
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CAPESSO, DR. ANTHONY 1351 13TH AVE. SOUTH, SUITE 110 JACKSONVILLE BEACH, FL 32250
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 05/01/06-80012-019 50.00

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Anthony Capesso **4/10/06**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #