



2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 10, 2006 8:00 am
Secretary of State

02-10-2006 90170 029 ****50.00

DOCUMENT # L05000056626 1. Entity Name LINTON-FISHER HOLDINGS, LLC																										
Principal Place of Business 2200 N. COMMERCE PARKWAY, SUITE 202 WESTON, FL 33326			Mailing Address 2200 N. COMMERCE PARKWAY, SUITE 202 WESTON, FL 33326																							
2. Principal Place of Business 1000 N.W. 27 Avenue Suite, Apt. #, etc.		3. Mailing Address 1000 N.W. 27 Avenue Suite, Apt. #, etc.																								
City & State Miami, Florida		City & State Miami, FL.		4. FEI Number 76-0809650																						
Zip 33125		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required																						
6. Name and Address of Current Registered Agent FELUREN, MARK S 2200 N. COMMERCE PARKWAY, SUITE 202 WESTON, FL 33326			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 <u><i>Jane Ann K. Wise</i></u> <u>2-7-06</u> <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>																										
Filing Fee is \$50.00 Due by May 1, 2006			Make check payable to Florida Department of State																							
9. MANAGING MEMBERS/MANAGERS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 45%;">NAME</td> <td style="width: 40%;">Delete <input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td>Jane Ann K. Wise</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>1000 N.W. 27 Avenue</td> <td></td> </tr> <tr> <td></td> <td>Miami, Florida 33125</td> <td></td> </tr> </table>			TITLE	NAME	Delete <input type="checkbox"/>	STREET ADDRESS	Jane Ann K. Wise		CITY-ST-ZIP	1000 N.W. 27 Avenue			Miami, Florida 33125		10. ADDITIONS/CHANGES <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 45%;">NAME</td> <td style="width: 40%;">Change <input type="checkbox"/> Addition <input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>			TITLE	NAME	Change <input type="checkbox"/> Addition <input type="checkbox"/>	STREET ADDRESS			CITY-ST-ZIP		
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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: <u><i>Jane Ann K. Wise</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>				<u>2-7-06</u> <small>Date Daytime Phone #</small>																						