

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000085293

**FILED**  
**Apr 30, 2007**  
**Secretary of State**

**Entity Name:** ASSET LYNX, LLC

**Current Principal Place of Business:**

145 NORTH GROVE STREET  
MERRITT ISLAND, FL 32953 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 410255  
MELBOURNE, FL 329410255

**New Mailing Address:**

**FEI Number:**                      **FEI Number Applied For (X)**                      **FEI Number Not Applicable ( )**                      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

WINDISCH, ROBERT C  
145 NORTH GROVE STREET  
MERRITT ISLAND, FL 32953 US

**Name and Address of New Registered Agent:**

PAM, PAGEL  
145 NORTH GROVE STREET  
MERRITT ISLAND, FL 32953 US

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.

SIGNATURE: PAM PAGEL

04/30/2007

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: WINDISCH, ROBERT C  
Address: 145 NORTH GROVE STREET  
City-St-Zip: MERRITT ISLAND, FL 32953 US

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: PAM, PAGEL  
Address: 145 NORTH GROVE STREET  
City-St-Zip: MERRITT ISLAND, FL 32953 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: PAM PAGEL

MGR

04/30/2007

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date