2007 LIMITED LIABILITY COMPANY

Apr 27, 2007 8:00 am Secretary of State **ANNUAL REPORT** 04-27-2007 90031 035 ****50.00 DOCUMENT # L05000112792 1. Entity Name LINKS-RINGLING INVESTMENTS, LLC Principal Place of Business Mailing Address 1990 MAIN STREET, SUITE 700 C/O JOHN A. MORAN SARASOTA, FL 34236 P.O. BOX 3948 SARASOTA, FL 34230 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04182007 Chg-LLC CR2E083 (12/06) City & State City & State 4. FEI Number Applied For 20-3867061 Not Applicable Zip Zip Country Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MORAN, JOHN A ESQ. 1990 MAIN STREET, SUITE 700 Street Address (P.O. Box Number is Not Acceptable) SARASOTA, FL 34236 City Zip Code FL 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 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, 2007 Make check payable to Florida Department of State 9. MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES MGRM TITLE TITLE ☐ Delete Change ☐ Addition COURTHOUSE CENTRE OF SARASOTA, LTD. NAME NAME 1990 MAIN ST, STE 700 STREET ADDRESS STREET ADDRESS SARASOTA, FL 34236 CITY-ST-78P CITY-ST-7F ☐ Detete TITLE TITLE ☐ Change ■ Addition NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME

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 emptioned to execute this report as required by Chapter 608, Florida Statutes.

STREET ADORESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE: E OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Courthouse Centre of Sarasota, Ltd.

By: John A. Moran, Manager of

941-366-0115

FILED

Daytime Phone #