

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 28, 2008 8:00 am
Secretary of State

04-28-2008 90032 039 ***138.75

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|--|--|-----|--|---|---------------------|
| DOCUMENT # L05000112792 | | | | | |
| 1. Entity Name LINKS-RINGLING INVESTMENTS, LLC | | | | | |
| Principal Place of Business 1990 MAIN STREET, SUITE 700 SARASOTA, FL 34236 | | | Mailing Address C/O JOHN A. MORAN 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. | | |
| City & State | | | City & State | | |
| Zip | Country | Zip | Country | 4. FEI Number 20-3867061 | |
| | | | | 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 | | | | 7. Name and Address of New Registered Agent | |
| MORAN, JOHN A. ESQ. 1990 MAIN STREET, SUITE 700 SARASOTA, FL 34236 | | | | Name John D. Macaskill | |
| | | | | Street Address (P.O. Box Number is Not Acceptable) | |
| | | | | same | |
| | | | | City same | FL Zip Code same |
| 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 3/23/08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | | | |
| FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 | | | Make check payable to Florida Department of State | | |
| 9. MANAGING MEMBERS/MANAGERS | | | 10. ADDITIONS/CHANGES | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | MGRM COURTHOUSE CENTRE OF SARASOTA, LTD. 1990 MAIN ST, STE 700 SARASOTA, FL 34236 <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
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| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| 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: | | | Date 3/23/08 941-366 0115 | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE | | | Date Daytime Phone # | | |

John D. Macaskill, as Manager of Courthouse Centre of SRQ, LLC, as General Partner of Courthouse Centre of Sarasota, Ltd., as Managing Member of Links-