2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 09, 2006
Secretary of State

DOCUMENT# L05000113712

Entity Name: LIN-A-LEX GROUP, LLC

Current Principal Place of Business:

430 GOLDEN ISLES DRIVE
205
HALLANDALE BEACH, FL 33009 US

New Principal Place of Business:

Current Mailing Address:

430 GOLDEN ISLES DRIVE
205
HALLANDALE BEACH, FL 33009 US

New Mailing Address:

FEI Number: 86-1152067 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

RIZZO, LINDA
430 GOLDEN ISLES DRIVE
205
HALLANDALE BEACH, FL 33009 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: MUJICA, ARMANDO A
Address: 430 GOLDEN ISLES DRIVE, APT 205
City-St-Zip: HALLANDALE BEACH, FL 33009 US

Title: MGRM ( ) Delete
Name: RIZZO, KARINA Y
Address: 2238 MONROE STREET, APT 305
City-St-Zip: HOLLYWOOD, FL 33020 US

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: MGRM ( ) Change (X) Addition
Name: RIZZO, LINDA
Address: 430 GOLDEN ISLES DRIVE, APT 205
City-St-Zip: HALLANDALE BEACH, FL 33009 US

I hereby certify that the information supplied with this filing does not qualify for the 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: LINDA RIZZO MGRM 04/09/2006

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