

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 12, 2007 8:00 am
Secretary of State

01-12-2007 90029 044 ****55.00

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1. Entity Name
LINKER LODGE LLC

2. Principal Place of Business
2773 US 1 SOUTH, SUITE 1
ST. AUGUSTINE, FL 32086

3. Mailing Address
2773 US 1 SOUTH, SUITE 1
ST. AUGUSTINE, FL 32086

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4. Principal Place of Business - P.O. Box #

5. Mailing Address -

6. Apt. # etc.

State Apt. # etc.

01082007 Chg-LLC CR2E083 (12/06)

7. City & State

City & State

4. FFI Number

Applied Fee
☒ Not Applicable

8. Country

Zip

Country

5. Certificate of Status Desired

☒ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HUBBARD, RICK
2773 US 1 SOUTH, SUITE 1
ST. AUGUSTINE, FL 32086

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits the statement for the purpose of changing its name, box 1, box 2, or registered agent, or both, in the State of Florida. I am familiar with and accept the obligations of registered agent.

9. Filing Fee

Filing Fee is \$50.00
Due by May 1, 2007

Make check payable to
Florida Department of State

9. MANAGING MEMBER(S) / MANAGER(S)

10. ADDITIONS / CHANGES

NAME	MGR	☐ Delete	NAME	☐ Change	☐ Add
NAME	BENZENBERG, GREG		NAME		
STREET ADDRESS	2773 US 1 SOUTH, SUITE 1		STREET ADDRESS		
CITY & STATE	ST. AUGUSTINE, FL 32086		CITY & STATE		
NAME	MGRM	☐ Delete	NAME	☐ Change	☐ Add
NAME	SEMMELMAN, STEVEN		NAME		
STREET ADDRESS	2773 US 1 SOUTH, SUITE 1		STREET ADDRESS		
CITY & STATE	ST. AUGUSTINE, FL 32086		CITY & STATE		
NAME	MGRM	☐ Delete	NAME	☐ Change	☐ Add
NAME	HUBBARD, BARBARA		NAME		
STREET ADDRESS	2773 US 1 SOUTH, SUITE 1		STREET ADDRESS		
CITY & STATE	ST. AUGUSTINE, FL 32086		CITY & STATE		
NAME		☐ Delete	NAME	☐ Change	☐ Add
NAME			NAME		
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NAME		☐ Delete	NAME	☐ Change	☐ Add
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY & STATE			CITY & STATE		

11. I hereby certify that the information furnished with this form does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information furnished on this report is true and accurate and that my signature shall have the same effect as if made under oath, that I am a managing member or manager of the limited liability company, or the registered trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Greg Benzenberg

1-8-2007 (904)669-4090