2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000042919

Entity Name: PALS LINK LLC

FILED Apr 16, 2009 Secretary of State

Current Principal Place of Business:

300 SOUTH HYDE PARK AVENUE, SUITE 180

TAMPA, FL 33606

New Principal Place of Business:

400 N TAMPA ST STE 2610

TAMPA, FL 33602

Current Mailing Address:

300 SOUTH HYDE PARK AVENUE, SUITE 180

TAMPA, FL 33606

New Mailing Address:

400 N TAMPA ST STE 2610

TAMPA, FL 33602

FEI Number: 87-0778091

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

MESSMORE, BOBBIE M MGRM 400 N TAMPA ST STE 2610

300 SOUTH HYDE PARK AVENUE, SUITE 180

MESSMORE, BOBBIE M MGRM

TAMPA, FL 33606

TAMPA, FL 33602

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:

04/16/2009

Electronic Signature of Registered Agent

Date

04/16/2009

MANAGING MEMBERS/MANAGERS:

() Delete

MESSMORE, BOBBIE M MGRM Name:

300 SOUTH HYDE PARK AVENUE, SUITE 180 Address:

City-St-Zip: TAMPA, FL 33606

Title: MGRM () Delete

MESSMORE, THOMAS A MGRM Name:

SIGNATURE: THOMAS A. MESSMORE

Address: 300 SOUTH HYDE PARK AVENUE, SUITE 180

City-St-Zip: TAMPA, FL 33606

Title: MGRM () Delete MALIA, JASON D MGRM Name:

300 SOUTH HYDE PARK AVENUE, SUITE 180 Address:

City-St-Zip: TAMPA, FL 33606 ADDITIONS/CHANGES:

Title: (X) Change () Addition MESSMORE, BOBBIE M MGRM Name:

Address: 400 N TAMPA ST STE 2610

City-St-Zip: TAMPA, FL 33602

Title: (X) Change () Addition Name: MESSMORE, THOMAS A MGRM Address: 400 N TAMPA ST STE 2610

City-St-Zip: TAMPA, FL 33602

Title: MGRM (X) Change () Addition

Name: MALIA, JASON D MGRM Address: 400 N TAMPA ST STE 2610

MGRM

City-St-Zip: TAMPA, FL 33602

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.

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