2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L06000081200

1. Entity Name LINQUE, LLC





FILED Apr 29, 2008 08:00 AN Secretary of State

Principal Place of Business

5840 RED BUG LAKE RD. **SUITE 375**

WINTER SPRINGS, FL 32708

Mailing Address

5840 RED BUG LAKE RD.

SUITE 375

WINTER SPRINGS, FL 32708



04182008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number	Applied For
NOT APPLICABLE	Not Applicable
5. Certificate of Status Desired	\$5.00 Additional

6. Name and Address of Current Registered Agent

KATTELMANN, JAMES G 215 N. EOLA DRIVE ORLANDO, FL 32801

SIGNATURE:

DO NOT WRITE IN THIS SPACE

the above named entity submits this statement for the purpose of changing its registered office of registered agent, of both, in the state of Plotida. I am annual 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	
	NOW!!! FEE IS \$138.75 1, 2008 Fee will be \$538.75		H00000931928	
9.	MANAGING MEMBERS/MANAGERS		05/22/08-80034-015 138.75	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GELLEIN, JACQUELYN B 642 N INTERLACHEN AVE WINTER PARK, FL 32789			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
TITLE NAME STREET ADDRESS CIFY-ST-2IP		ро	NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN '	THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
11. I hereby certify that the information supplied with this filling 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.				