

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000100282

Entity Name: CITY LINK LLC

FILED
Jul 18, 2007
Secretary of State

Current Principal Place of Business:

1247 MARINA POINT
APT # 307
CASSELLBERRY, FL 32707 US

Current Mailing Address:

1247 MARINA POINT
APT # 307
CASSELLBERRY, FL 32707 US

New Principal Place of Business:

755 SILVER CLOUD CIRCLE
APT # 203
LAKE MARY, FL 32746 US

New Mailing Address:

755 SILVER CLOUD CIRCLE
APT # 203
LAKE MARY, FL 32746 US

FEI Number: 11-3792015 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

MALIK, BARBARA R
1247 MARINA POINT
APT #307
CASSELLBERRY, FL 32707 US

Name and Address of New Registered Agent:

MALIK, BARBARA R
755 SILVER CLOUD CIRCLE
APT #203
LAKE MARY, FL 32746 US

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: BARBARA MALIK

07/18/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: MALIK, BARBARA R
Address: 1247 MARINA POINT APT #307
City-St-Zip: CASSELLBERRY, FL 32707 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: MALIK, BARBARA R
Address: 755 SILVER CLOUD CIRCLE
City-St-Zip: LAKE MARY, FL 32746 US

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.

SIGNATURE: BARBARA MALIK

MGRM

07/18/2007

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