


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 25, 2008 8:00 am**  
**Secretary of State**

02-25-2008 90132 008 \*\*\*138.75

<b>DOCUMENT # L07000009248</b>		
1. Entity Name <b>LINKSTERS NP, LLC</b>		

Principal Place of Business <b>6481 TAEDA DRIVE SARASOTA, FL 34241 US</b>	Mailing Address <b>6481 TAEDA DRIVE SARASOTA, FL 34241 US</b>
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**60010219**

2. Principal Place of Business - No P.O. Box # <b>4538 McAshton St</b>	3. Mailing Address <b>4538 McAshton St</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.



01052008 Chg-LLC CR2E083 (12/06)

City & State <b>Sarasota FL</b>	City & State <b>Sarasota FL</b>
Zip <b>34233</b>	Zip <b>34233</b>
Country <b>USA</b>	Country <b>USA</b>

4. FEI Number <b>20-8306015</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
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6. Name and Address of Current Registered Agent <b>THOMAS C. TYLER, JR., P.A. 981 RIDGEWOOD AVENUE SUITE 104 VENICE, FL 34285</b>	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
<b>FL</b>	Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75</b>	<b>Make check payable to Florida Department of State</b>
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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11. I hereby certify that the information supplied with this filing 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.

**SIGNATURE:** Tom Elliott **1/7/08** **941-921-5890**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #