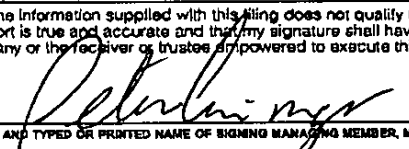


**FILED**  
**May 05, 2008 8:00 am**  
**Secretary of State**

05-05-2008 90036 012 \*\*\*138.75

**2008 LIMITED LIABILITY COMPANY  
 ANNUAL REPORT**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                          |                                                                   |                                                                                                                                                                                        |                                                                                   |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|--|
| <b>DOCUMENT # L07000022623</b><br>1. Entity Name<br><b>LIN GROUP LLC</b>                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                          |                                                                   |                                                                                                                                                                                        |  |  |
| Principal Place of Business<br><b>1401 TAMANGO DRIVE<br/>         WEST MELBOURNE, FL 32904</b>                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                          |                                                                   | Mailing Address<br><b>1401 TAMANGO DRIVE<br/>         WEST MELBOURNE, FL 32904</b>                                                                                                     |                                                                                   |  |
| 2. Principal Place of Business - No P.O. Box #                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                          | 3. Mailing Address                                                |                                                                                                                                                                                        |                                                                                   |  |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                          | Suite, Apt. #, etc.                                               |                                                                                                                                                                                        |                                                                                   |  |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                          | City & State                                                      |                                                                                                                                                                                        |                                                                                   |  |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Country                                                                                                  | Zip                                                               | Country                                                                                                                                                                                | 4. FEI Number<br><b>20-8541753</b>                                                |  |
| 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                          |                                                                   |                                                                                                                                                                                        | Applied For<br><input type="checkbox"/> Not Applicable                            |  |
| 6. Name and Address of Current Registered Agent                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                          |                                                                   | 7. Name and Address of New Registered Agent                                                                                                                                            |                                                                                   |  |
| <b>FRESE, GARY B<br/>         930 S. HARBOR CITY BOULEVARD, SUITE 505<br/>         MELBOURNE, FL 32901</b>                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                          |                                                                   | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div> |                                                                                   |  |
| 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable.</small>                                                                                                                                                                                                                                                                                                            |                                                                                                          |                                                                   |                                                                                                                                                                                        |                                                                                   |  |
| <b>FILE NOW!!! FEE IS \$138.75</b><br><b>After May 1, 2008 Fee will be \$538.75</b>                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                          |                                                                   | Make check payable to<br>Florida Department of State                                                                                                                                   |                                                                                   |  |
| 9. MANAGING MEMBERS / MANAGERS                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                          |                                                                   | 10. ADDITIONS / CHANGES                                                                                                                                                                |                                                                                   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <b>MGR<br/>         LIN, PETER<br/>         1401 TAMANGO DRIVE<br/>         WEST MELBOURNE, FL 32904</b> | <input type="checkbox"/> Delete                                   |                                                                                                                                                                                        |                                                                                   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |                                                                                                                                                                                        |                                                                                   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |                                                                                                                                                                                        |                                                                                   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |                                                                                                                                                                                        |                                                                                   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |                                                                                                                                                                                        |                                                                                   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |                                                                                                                                                                                        |                                                                                   |  |
| 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. |                                                                                                          |                                                                   |                                                                                                                                                                                        |                                                                                   |  |
| <b>SIGNATURE:</b>                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                          |                                                                   | <b>5/1/08</b>                                                                                                                                                                          |                                                                                   |  |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                          |                                                                   | <small>Date Day/Mo/Yr Phone #</small>                                                                                                                                                  |                                                                                   |  |

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