

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000125195

FILED
Apr 30, 2009
Secretary of State

Entity Name: THE LINKS OF SILVER OAKS, LLC

Current Principal Place of Business:

2202 NORTH WEST SHORE BLVD., SUITE 200
TAMPA, FL 33607

New Principal Place of Business:

403 E MADISON ST
STE 400
TAMPA, FL 33602

Current Mailing Address:

2202 NORTH WEST SHORE BLVD., SUITE 200
TAMPA, FL 33607

New Mailing Address:

403 E MADISON ST
STE 400
TAMPA, FL 33602 US

FEI Number: 26-1600273

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

EICHOLTZ, KIRK
403 E. MADISON STREET, SUITE 400
TAMPA, FL 33602 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: CHRISTIAN TYLER PROPERTIES, LLC
Address: 2202 W WEST SHORE BLVD., SUITE 200
City-St-Zip: TAMPA, FL 33607

Title: MGRM () Delete
Name: BURNS, GUY M TRUSTEE
Address: 403 E MADISON STREET SUITE 400
City-St-Zip: TAMPA, FL 33602

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: CHRISTIAN TYLER PROPERTIES, LLC
Address: 403 E MADISON ST STE 400
City-St-Zip: TAMPA, FL 33602

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: GUY M BURNS

MGRM

04/30/2009

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