2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 16, 2009
Secretary of State

DOCUMENT# L08000060165

Entity Name: BUSINESS LINK LLC

Current Principal Place of Business:

701 BRICKELL AVE. SUITE 1650
MIAMI, FL 33131

New Principal Place of Business:

2600 DOUGLAS ROAD
SUITE 805
CORAL GABLES, FL 33134

Current Mailing Address:

701 BRICKELL AVE. SUITE 1650
MIAMI, FL 33131

New Mailing Address:

2600 DOUGLAS ROAD
SUITE 805
CORAL GABLES, FL 33134

FEI Number: 71-1051985 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MACINTER CORPORATION
3052 UNIVERSITY PARKWAY
SARASOTA, FL 34243 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: MGR ( ) Delete
Name: ARANGO, CRISTINA
Address: 701 BRICKELL AVE. SUITE 1650
City-St-Zip: MIAMI, FL 33131

Title: MGR ( ) Delete
Name: PATERNOSTRO, JOSE
Address: 701 BRICKELL AVE. SUITE 1650
City-St-Zip: MIAMI, FL 33131

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: ARANGO, CRISTINA
Address: 2600 DOUGLAS ROAD SUITE 805
City-St-Zip: CORAL GABLES, FL 33134

Title: MGR (X) Change ( ) Addition
Name: PATERNOSTRO, JOSE A
Address: 2600 DOUGLAS ROAD SUITE 805
City-St-Zip: CORAL GABLES, FL 33134

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: JOSE A PATERNOSTRO MGR 04/16/2009

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