2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 04, 2009
Secretary of State

DOCUMENT# L98000002043

Entity Name: CAPITALINK, L.C.

Current Principal Place of Business:

4400 BISCAYNE BOULEVARD
14TH FLOOR
MIAMI, FL 33137

New Principal Place of Business:

Current Mailing Address:

4400 BISCAYNE BOULEVARD
14TH FLOOR
MIAMI, FL 33137

New Mailing Address:

FEI Number: 65-0865948 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
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:

CORPORATE CREATIONS NETWORK, INC.
11380 PROSPERITY FARMS ROAD #221E
PALM BEACH GARDENS, FL 33410 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:	P	( ) Delete
Name:	CASSEL, JAMES S	
Address:	4400 BISCAYNE BOULEVARD, 14TH FLOOR	
City-St-Zip:	MIAMI, FL 33137	
Title:	T	( ) Delete
Name:	SALPETER, SCOTT E	
Address:	4400 BISCAYNE BOULEVARD, 14TH FLOOR	
City-St-Zip:	MIAMI, FL 33137	
Title:	S	( ) Delete
Name:	STEINER, BARRY E	
Address:	4400 BISCAYNE BOULEVARD, 14TH FLOOR	
City-St-Zip:	MIAMI, FL 33137	
Title:	AST	( ) Delete
Name:	CHILLEMI, DIANE	
Address:	58 SOUTH SERVICE ROAD, SUITE 160	
City-St-Zip:	MELVILLE, NY 11747	
Title:	ASS	( ) Delete
Name:	GIOVANNIELLO, JOSEPH	
Address:	520 MADISON AVENUE, 4TH FLOOR	
City-St-Zip:	NEW YORK, NY 10022	

ADDITIONS/CHANGES:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	ASS	(X) Change ( ) Addition
Name:	GIOVANNIELLO, JOSEPH	
Address:	520 MADISON AVENUE, 9TH FLOOR	
City-St-Zip:	NEW YORK, NY 10022	

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: /S/ JOSEPH GIOVANNIELLO ASS 06/04/2009

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