

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 22, 2004 08:00 AM
Secretary of State

DOCUMENT # L99000000931

1. Entity Name
LINKS AT PABLO BEACH, L.L.C.



Principal Place of Business
ONE INDEPENDENT DRIVE
SUITE 114
JACKSONVILLE, FL 32202

Mailing Address
ONE INDEPENDENT DRIVE
SUITE 114
JACKSONVILLE, FL 32202



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04052004 Chg-LLC CR2E083 (10/03)

City & State

City & State

4. FEI Number
59-3557520

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

EVANS, WILLIAM G
ONE INDEPENDENT DRIVE
SUITE 114
JACKSONVILLE, FL 32202

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$50.00
Due by May 1, 2004

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGR ☐ Delete
NAME T.H.E. GROUP, INC.
STREET ADDRESS 512 EAST WASHINGTON STREET SUITE 200
CITY-ST-ZIP ORLANDO, FL 32801

TITLE ☐ Change ☐ Addition
NAME 000000125741
STREET ADDRESS 04/23/04-90006-016 50.00
CITY-ST-ZIP

TITLE MGR ☐ Delete
NAME ACP-JRL PARTNERSHIP, LTD.
STREET ADDRESS 512 EAST WASHINGTON STREET SUITE 200
CITY-ST-ZIP ORLANDO, FL 32801

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE MBR ☐ Delete
NAME JONES, THOMAS F
STREET ADDRESS 105 PLANTATION CIRCLE
CITY-ST-ZIP PONTE VEDRA BEACH, FL 32082

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE MGR ☐ Delete
NAME EVANS, WILLIAM G
STREET ADDRESS ONE INDEPENDENT DRIVE, SUITE 114
CITY-ST-ZIP JACKSONVILLE, FL 32202

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

4/20/04 (904)356-1978