

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 13, 2003 8:00 am
Secretary of State

03-13-2003 90001 028 ****50.00

DOCUMENT # L99000003336

1. Entity Name

MASTERLINK REALTY GROUP, L.C.



Principal Place of Business

**215 EAST CENTRAL BLVD., 2ND FLOOR
ORLANDO FL 32801**

Mailing Address

**215 EAST CENTRAL BLVD., 2ND FLOOR
ORLANDO FL 32801**

30041973

2. Principal Place of Business

1035 S. SEMORAN BLVD.

3. Mailing Address

1035 S. SEMORAN BLVD.

Suite, Apt. #, etc.

SUITE 1012

Suite, Apt. #, etc.

SUITE 1012

City & State

WINTER PARK FL

City & State

WINTER PARK FL

Zip

32792

Country

USA

Zip

32792

Country

USA

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number

59-3611677

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

KETTLE, TARY

**215 EAST CENTRAL BLVD., 2ND FLOOR
ORLANDO FL 32801**

7. Name and Address of New Registered Agent

Name

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

1035 S. SEMORAN BLVD.

SUITE 1012

City

WINTER PARK

FL

Zip Code

32792

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

FILE NOW!!! FEE IS \$50.00

**Make Check Payable to Florida Department of State
Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

TITLE **MGRM** ☐ Delete
NAME **KETTLE, TARY**
STREET ADDRESS **215 EAST CENTRAL BLVD., 2ND FLOOR**
CITY-ST-ZIP **ORLANDO FL 32801**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

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

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

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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:

SKRATON: SQUIRRELS

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

Date

Daytime Phone #

1/17/03-407-256-262

CR2E083 (10/02)