

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000007183

1. Entity Name
ELINK INVESTORS, LLC

FILED

01 MAY -3 PM 1:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
101 EAST KENNEDY BOULEVARD, SUITE 3300
TAMPA FL 33602

Mailing Address
101 EAST KENNEDY BOULEVARD, SUITE 3300
TAMPA FL 33602



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-3601784

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JUNG, MING G
101 EAST KENNEDY BOULEVARD, SUITE 3300
TAMPA FL 33602

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.

SIGNATURE

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

(NOT) Registered Agent signature required when reinstating

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

5000004335216-4
-05/31/01--01008--021
*****50.00 *****50.00

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE NAME MGRM
CEA INVESTORS, INC. ☐ Delete
STREET ADDRESS 101 EAST KENNEDY BLVD. SUITE 3300
CITY-ST-ZIP TAMPA FL 33602

TITLE NAME MGR ☐ Change ☒ Addition
NAME Ming Jung
STREET ADDRESS 101 E. Kennedy Blvd., Suite 3300
CITY-ST-ZIP Tampa, FL

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME MGR ☐ Change ☒ Addition
NAME David A. Burns
STREET ADDRESS 101 E. Kennedy Blvd., Suite 3300
CITY-ST-ZIP Tampa, FL

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME MGR ☐ Change ☒ Addition
NAME J. Patrick Michaels, Jr.
STREET ADDRESS 101 E. Kennedy Blvd., Suite 3300
CITY-ST-ZIP Tampa, FL

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
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: X

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

Ming Jung

4/20/01

(813)226-8844

Date

Daytime Phone #

0017028 AF

CR2E083 (11/00)