

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 28, 2005 08:00 AM
Secretary of State

DOCUMENT # L99000007183

1. Entity Name
ELINK INVESTORS, LLC



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

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



03212005 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3601784

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

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 resigning)

DATE

**Filing Fee is \$50.00
Due by May 1, 2005**

U000000340187
04/28/05-80107-009 50.00

9. MANAGING MEMBERS/MANAGERS

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
JUNG, MING
101 EAST KENNEDY BLVD. SUITE 3300
TAMPA, FL 33602

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
HORWITZ, ANGELA L
101 E. KENNEDY BLVD., SUITE 3300
TAMPA, FL 33602

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
MICHAELS, J. PATRICK JR
101 EAST KENNEDY BLVD. SUITE 3300
TAMPA, FL 33602

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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

3-23-2005

Date

(813) 226-8844

Daytime Phone #