


**2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)**

**FILED**  
**Feb 11, 2004 8:00 am**  
**Secretary of State**

02-11-2004 90210 043 \*\*\*\*50.00

**DOCUMENT # L99000008139**

1. Entity Name  
**LINKTECH BUILDERS, L.L.C.**



Principal Place of Business      Mailing Address

**470 SW 12TH AVENUE  
 SUITE 206  
 POMPANO BEACH FL 33317**      **470 SW 12TH AVENUE  
 SUITE 206  
 POMPANO BEACH FL 33317**

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      Applied For

**65-0969400**       Not Applicable

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

24010044



MOORE CR2E083 (11/03)

**6. Name and Address of Current Registered Agent**

**POZZUOLI, EDWARD J ESQ.  
 TRIPP SCOTT, PA  
 110 S.E. 6TH STREET, 15TH FLOOR  
 FT. LAUDERDALE FL 33301**

**7. Name and Address of New Registered Agent**

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 \_\_\_\_\_ (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, 2004**

**9. MANAGING MEMBERS / MANAGERS**

| TITLE | NAME           | STREET ADDRESS                   | CITY - ST - ZIP        | <input type="checkbox"/> Delete     |
|-------|----------------|----------------------------------|------------------------|-------------------------------------|
| MGRM  | DEROSE, LARRY  | 150 S. ANDREWS AVENUE, SUITE 350 | POMPANO BEACH FL 33069 | <input type="checkbox"/>            |
| MGRM  | SLOPEY, GARY G | 150 S. ANDREWS AVENUE, SUITE 350 | POMPANO BEACH FL 33069 | <input checked="" type="checkbox"/> |
|       |                |                                  |                        | <input type="checkbox"/>            |
|       |                |                                  |                        | <input type="checkbox"/>            |
|       |                |                                  |                        | <input type="checkbox"/>            |
|       |                |                                  |                        | <input type="checkbox"/>            |

**10. ADDITIONS / CHANGES**

| TITLE | NAME | STREET ADDRESS | CITY - ST - ZIP | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
|-------|------|----------------|-----------------|---------------------------------|-----------------------------------|
|       |      |                |                 | <input type="checkbox"/>        | <input type="checkbox"/>          |
|       |      |                |                 | <input type="checkbox"/>        | <input type="checkbox"/>          |
|       |      |                |                 | <input type="checkbox"/>        | <input type="checkbox"/>          |
|       |      |                |                 | <input type="checkbox"/>        | <input type="checkbox"/>          |
|       |      |                |                 | <input type="checkbox"/>        | <input type="checkbox"/>          |

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:** Lawrence DeRose      02/04/04      954-942-7703

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #