FILED

08 MAR 11 AM 11:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # M00000001396

1. Entity Name
CONTRARIAN FLORIDA LINKS LLC

Principal Place of Business	Mailing Address
411 WEST PUTNAM AVENUE GREENWICH, CT 06830	411 WEST PUTNAM AVENUE GREENWICH, CT 06830

01142008 Chg-LLC CR2E083 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
3702 WEST KENNEDY BLVD	P.O. Box 24269
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: TAMPA, FLORIDA	City & State: TAMPA, FLORIDA
Zip: 33609 Country: U.S	Zip: 33623 Country: U.S.

4. FEI Number: 08-1588297 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525

7. Name and Address of New Registered Agent

Name: JAMES R. MIKES
Street Address (P.O. Box Number is Not Acceptable)
3702 WEST KENNEDY BLVD.
City: TAMPA FL Zip Code: 33609

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: James R. Mikes JAMES R. MIKES 1.11.08
(Signature, typed or printed name of registered agent and title if applicable.) (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $138.75
After May 1, 2008 Fee will be $538.75

Make check payable to Florida Department of State

9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MBR CONTRARIAN FINANCIAL SERVICES 411 WEST PUTNAM AVE. GREENWICH, CT 06830	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM TE DEUM LLC 3702 WEST KENNEDY BLVD. TAMPA, FLORIDA 33609	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	01/16/08 90054 010	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	M Thomas MAR 11	☒ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.

TE DEUM LLC, Sole and Managing Member

SIGNATURE: By James R. Mikes, MANAGING MEMBER 1.11.08 813-495-4544
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #