

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M00000001396

**FILED**  
**Jun 23, 2009**  
**Secretary of State**

**Entity Name:** CONTRARIAN FLORIDA LINKS LLC

**Current Principal Place of Business:**

3702 WEST KENNEDY BLVD  
TAMPA, FL 33609

**New Principal Place of Business:**

3716 WEST ROLAND STREET  
TAMPA, FL 33609

**Current Mailing Address:**

PO BOX 24269  
TAMPA, FL 33623

**New Mailing Address:**

FEI Number: 06-1588297      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

MIKES, JAMES R  
3702 WEST KENNEDY BLVD  
TAMPA, FL 33609      US

**Name and Address of New Registered Agent:**

MIKES, JAMES R  
3716 WEST ROLAND STREET  
TAMPA, FL 33609      US

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:

06/23/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title:      MBR      ( ) Delete  
Name:      TE DEUM LLC  
Address:      3702 WEST KENNEDY BLVD  
City-St-Zip:      TAMPA, FL 33609

**ADDITIONS/CHANGES:**

Title:      MGRM      (X) Change ( ) Addition  
Name:      TE DEUM LLC  
Address:      3716 WEST ROLAND STREET  
City-St-Zip:      TAMPA, FL 33609

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: JAMES R. MIKES

MGRM

06/23/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date