


**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 17, 2004 08:00 AM
Secretary of State

DOCUMENT # M01000001636 1. Entity Name THE LINKS OF SILVER OAKS, LLC	
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Principal Place of Business 215 CELEBRATION PL, STE 500 KISSIMMEE, FL 34747	Mailing Address 803 BIRCHFIELD DR MOUNT LAUREL, NJ 08054
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DO NOT WRITE IN THIS SPACE



01222004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number 22-3806386	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent WARONKER, DAVID A 934 SPRING PARK LOOP CELEBRATION, FL 34747
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**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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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Filing Fee is \$50.00 Due by May 1, 2004	U000000090894 03/17/04-80037-013 50.00
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9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CBD DEVELOPMENT INC 803 BIRCHFIELD DR MOUNT LAUREL, NJ 08054
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>	3/19/04 <small>Date</small>	<small>Daytime Phone #</small>
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