

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 21, 2006 8:00 am
Secretary of State

04-21-2006 90015 045 ****50.00

20033940



01172006 Chg-LLC CR2E083 (11/05)

4. FEI Number **04-3724109** Applied For ☐ Not Applicable

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

DOCUMENT # M03000000674

1. Entity Name
THE LINKS AT HIDDEN CREEK, LLC



Principal Place of Business
**803 BIRCHFIELD DRIVE
MT. LAUREL, NJ 08054**

Mailing Address
**803 BIRCHFIELD DRIVE
MT. LAUREL, NJ 08054**

2. Principal Place of Business
**721 Front Street
Suite 240
Celebration, FL
34747 USA**

3. Mailing Address
**721 Front Street
Suite 240
Celebration, FL
34747 USA**

6. Name and Address of Current Registered Agent
**WARONKER, DAVID A
215 CELEBRATION PLACE, SUITE 500
CELEBRATION, FL 34747**

7. Name and Address of New Registered Agent
Name **Waronker, David**
Street Address (P.O. Box Number is Not Acceptable) **721 Front Street**
Suite 240
City **Celebration** FL Zip Code **34747**

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

**Filing Fee is \$50.00
Due by May 1, 2006**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CBD DEVELOPMENT, INC. 803 BIRCHFIELD DRIVE MT. LAUREL, NJ 08054 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	mbr Waronker, David 721 Front Street, Suite 240 Celebration, FL 34747 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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.

SIGNATURE: **4/19/06 3-1-939-0570**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #