2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # M0400001019

1. Entity Name LINKS AERO, LLC

Principal Place of Business

1271 N. ELGIN PKWY SHALIMAR, FL 32579 Mailing Address

1271 N. ELGIN PKWY SHALIMAR, FL 32579

FILED Apr 14, 2008 08:00 All Secretary of State



04102008 No Chg-LLC

CR2E083 (12/07)

4.	FEI Number			Applied For
	20-0774355	ĺ		Not Applicable
_			-	

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6.	Name	and	Ad	dress	of	Current	Re	gia	te	red	Agent

MEINERS, LOUIS M JR 200 AVIATION DRIVE, SUITE 2 NAPLES, FL 34101

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4-10-08

Date

 The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Profita. Tarritaminal with, and accept the obligations of registered agent. 							
SIGNATURE	Signature, typed or printed name of registered agent and title if applicable	(NOTE: Registered Agent signature required when reinstating)	DATE				
	NOW!!! FEE IS \$138.75 1, 2008 Fee will be \$538.75		U00000896130 04/24/08-80095-022 138.75				
9.	MANAGING MEMBERS/MANAGERS						
NAME STREET ADDRESS CITY-ST-ZIP	MGRM CHOCTAW MANAGEMENT SERVICES, LLC 1271 N. ELGIN PKWY SHALIMAR, FL 32579						
TITLE NAME STREET ADDRESS CITY-ST-ZIP							
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO	NOT WRITE				
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN	THIS SPACE				
TITLE NAME STREET ADDRESS CITY+ST-ZIP	:						
TITLE NAME STREET ADDRESS CITY-ST-ZIP							
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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE