

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90033 048 ****50.00

DOCUMENT # M99000000238

1. Entity Name
LINKSCORP FLORIDA WINDERMERE, L.L.C.



Principal Place of Business
2710 BUTLER BAY DRIVE, NORTH
WINDERMERE, FL 34786

Mailing Address
2201 WAUKEGAN ROAD, SUITE W-100
BANOCKBURN, IL 60015

2. Principal Place of Business

3. Mailing Address

540 Lake Cook Rd.

Suite, Apt. #, etc.

Suite 150

City & State

City & State

Deerfield, IL

Zip

Country

Zip

Country

60015

USA

04052004

Chg-LLC

CR2E083 (10/03)

4. FEI Number

36-4275905

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2004**

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

9. MANAGING MEMBERS / MANAGERS

10. ADDITIONS / CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
LINKSCORP, L.L.C.
2201 WAUKEGAN RD., W-100
BANNOCKBURN, IL 60015 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
540 Lake Cook Rd. Suite 150
Deerfield, IL 60015 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not disqualify for the exemption stated in Section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4/14/04

Date

847-405-6700

Daytime Phone #