


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

04-19-2004 90032 007 ****50.00

| | |
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| DOCUMENT # M99000000784 |  |
| 1. Entity Name LINKSCORP FLORIDA CIMARRONE, L.L.C. | |

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|---|---|
| Principal Place of Business 2201 WAUKEGAN ROAD, SUITE W-100 BANNOCKBURN, IL 60015 | Mailing Address 2201 WAUKEGAN ROAD, SUITE W-100 BANNOCKBURN, IL 60015 |
|---|---|

24046594



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| 2. Principal Place of Business 2800 Cimarrone Blvd. | 3. Mailing Address 540 Lake Cook Rd. |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |

04052004 Chg-LLC CR2E083 (10/03)

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|----------------------------------|-------------------------------|
| City & State Jacksonville, FL | City & State Deerfield, IL |
| Zip 32259 | Zip 60015 |
| Country | Country |

| | |
|-----------------------------|-------------------------------|
| 4. FEI Number 36-4296349 | Applied For 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 C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 |
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| 7. Name and Address of New Registered Agent | |
| 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.


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|-----------|------|
| SIGNATURE | DATE |
|-----------|------|

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| Filing Fee is \$50.00 Due by May 1, 2004 | Make check payable to Florida Department of State |
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| 9. MANAGING MEMBERS/MANAGERS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM LINKSCORP, L.L.C. 2201 WAUKEGAN ROAD, SUITE W-100 BANNOCKBURN, IL 60015 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |

| 10. ADDITIONS/CHANGES | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | 540 Lake Cook Rd, Suite 150 Deerfield, IL 60015 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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 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.

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|--|-----------------|---------------------------------|
| SIGNATURE:  | Date 4/14/04 | Daytime Phone # 847.405.6100 |
|--|-----------------|---------------------------------|