

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

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DOCUMENT # M99000001131

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

00 JUN 26 AM 9:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
245 WAUKEGAN ROAD
SUITE 204
NORTHFIELD IL 60093

Mailing Address
245 WAUKEGAN ROAD
SUITE 204
NORTHFIELD IL 60093-2761



2. Principal Place of Business
13950 Golfway Blvd
Suite, Apt. #, etc.

3. Mailing Address
2201 Waukegan Rd.
Suite, Apt. #, etc.
W-100

City & State
Orlando, FL
Zip
32828
Country
USA

City & State
Bannockburn, IL
Zip
60015-1577
Country

4. FEI Number
36-4305454
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

CT 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.

SIGNATURE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)
FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
4000003317374
-07/10/00--01024--006
*****50.00 *****50.00

9. MANAGING MEMBERS/MEMBERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LINKSCORP, L.L.C. 245 WAUKEGAN ROAD SUITE 204 NORTHFIELD IL 60093	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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)(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 OR MANAGER

Date Daytime Phone #

CR2E083 (9/99)