


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 22, 2007 08:00 AM
Secretary of State

DOCUMENT # L03000049399	
1. Entity Name ACCESS SOUND SYSTEM LLC	

Principal Place of Business 3929 PONCE DE LEON BOULEVARD CORAL GABLES, FL 33134 US	Mailing Address 3929 PONCE DE LEON BOULEVARD CORAL GABLES, FL 33134 US
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01052007 No Chg-LLC CR2E083 (11/05)

4. FEI Number 90-0158307	Applied For Not Applicable
6. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

BREIT, RICHARD H
 150 NORTH UNIVERSITY DRIVE
 SUITE 200
 PLANTATION, FL 33324

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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 _____ DATE _____
Signature, typed or printed name of registered agent and true if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$50.00 Due by May 1, 2007

U00000596533
01/23/07-80083-004 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SEIDLER, JEROME 3929 PONCE DE LEON BOULEVARD CORAL GABLES, FL 33134
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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 606, Florida Statutes.

SIGNATURE:  **1/17/07** **3054432322**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #