

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000024568

Entity Name: AXESS REAL ESTATE, LLC

FILED  
Jan 13, 2006  
Secretary of State

**Current Principal Place of Business:**

2 SOUTH BISCAYNE BOULEVARD  
SUITE 2630  
MIAMI, FL 33131 US

**Current Mailing Address:**

2 SOUTH BISCAYNE BOULEVARD  
SUITE 2630  
MIAMI, FL 33131 US

FEI Number: 20-2476872

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CHOUKROUN, DIDIER  
2 SOUTH BISCAYNE BOULEVARD  
SUITE 2630  
MIAMI, FL 33131 US

**New Principal Place of Business:**

TWO SOUTH BISCAYNE BOULEVARD  
SUITE 2630  
MIAMI, FL 33131 US

**New Mailing Address:**

TWO SOUTH BISCAYNE BOULEVARD  
SUITE 2630  
MIAMI, FL 33131 US

**Name and Address of New Registered Agent:**

CHOUKROUN, DIDIER  
TWO SOUTH BISCAYNE BOULEVARD  
SUITE 2630  
MIAMI, FL 33131 US

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:

01/13/2006

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: CHOUKROUN, DIDIER  
Address: 2 SOUTH BISCAYNE BOULEVARD  
City-St-Zip: MIAMI, FL 33131 US

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: CHOUKROUN, DIDIER  
Address: TWO SOUTH BISCAYNE BLVD, SUITE 2630  
City-St-Zip: MIAMI, FL 33131 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: DIDIER CHOUKROUN

MGR

01/13/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date