


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 30, 2004 8:00 am
Secretary of State

01-30-2004 90001 041 ****50.00

DOCUMENT # M00000001817

1. Entity Name
NEW ACCESS COMMUNICATIONS LLC



94007760

Principal Place of Business: **801 NICOLLET MALL SUITE 350 MINNEAPOLIS, MN 55402**

Mailing Address: **801 NICOLLET MALL SUITE 350 MINNEAPOLIS, MN 55402**



2. Principal Place of Business: Suite, Apt. #, etc.

3. Mailing Address: Suite, Apt. #, etc.

City & State

Zip Country

01062004 Chg-LLC CR2E083 (10/03)

6. Name and Address of Current Registered Agent

TCS CORPORATE SERVICES, INC.
1406 HAYS ST
SUITE 2
TALLAHASSEE, FL 32301

4. FEI Number: **41-1974247**

Applied For: Not Applicable

5. Certificate of Status Desired: **\$5.00** Additional Fee Required

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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

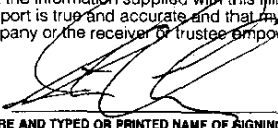
Filing Fee is \$50.00 Due by May 1, 2004

Make check payable to Florida Department of State

9. MANAGING MEMBERS / MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRP CLAY, STEVEN C <input type="checkbox"/> Delete 801 NICOLLET MALL, STE 350 MINNEAPOLIS, MN 55402
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO WILMIS, GREG Wilmes, Greg <input type="checkbox"/> Delete 801 NICOLLET MALL, STE 350 MINNEAPOLIS, MN 55402
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WILMIS, GREG Wilmes, Greg <input type="checkbox"/> Delete 801 NICOLLET MALL, STE 350 MINNEAPOLIS, MN 55402
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO BROTHELL, WAYNE Barthel, WAYNE <input checked="" type="checkbox"/> Delete 801 NICOLLET MALL, STE 350 MINNEAPOLIS, MN 55402
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BROTHELL, WAYNE Barthel, WAYNE <input checked="" type="checkbox"/> Delete 801 NICOLLET MALL, STE 350 MINNEAPOLIS, MN 55402
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Controller, MGR Dwayne Jahnke <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 801 Nicollet, mall, Ste 350 Minneapolis, mn 55402
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.

SIGNATURE:  Steve Clay **1/20/04**

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