2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Apr 11, 2007 8:00 am Secretary of State

					_		•		
DOCUMENT # M0000001817 1. Entity Name NEW ACCESS COMMUNICATIONS LLC						04-11-200′	7 90155 0	42 ****5	50.00
Principal Place of Business Mailing Address									
628 MENDELSSOHN AVENUE NORTH 628 MENDELSSOHN AVI MINNEAPOLIS, MN 55402 MINNEAPOLIS, MN 554				IORTH	LIBRIDAN	M BOHI OBNI DBIN BOIN B	IKI 881 88 T	m: :=:m: #\$ #)/ /##	IN T) ((1 400)
2. Discipal Phase of Discipans. Ma R.O. Rev. # 2. Mailles Add									
Principal Place of Business - No P.O. Box #		3. Mailing Address					01 0 31 ULI 100	16 W 100	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			03262007	Chg-LLC	CR2E0	83 (12/06)	
City & State		City & State			4. FEI Numi 41-19				plied For t Applicable
Zip	Country Zip		Coun	try	5. Certificat	e of Status Desired		\$5.00 Add Fee Require	
6. Name and Address of Current Registered Agent					7. Name an	d Address of New	Registered A	gent	
BLANTON, EDWIN F 810 THOMASVILLE ROAD TALLAHASSEE, FL 32303				Name					
				Street Address	(P.O. Box Numl	per is Not Acceptab	le)		
								_	
				City			FL	Zip Code	е
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									
Signature, typed or printed name of registered agent and little if applicable. (NOTE: Registr				d Agent signature require	d when reinstating)	Г	DATE		
Filing Fee is \$50.00 Due by May 1, 2007					Make check payable to Florida Department of State			•	
9.	MANAGING MEMBE	ERS/MANAGERS	10.			ADDITIONS	/CHANGES		
TITLE	MGR	☐ Delete	TITLE					☐ Change	Addition
NAME	BRIOL, VIRGINIA		NAM						
STREET ADDRESS CITY-ST-ZIP	801 NICOLLET MALL, STE 350 MINNEAPOLIS, MN 55402			ET ADDRESS - ST- ZIP					
TITLE	MGR	Delete	TITLE	l l				☐ Change	Addition
NAME STREET ADDRESS	ROSEDAHL, DANIEL 801 NICOLLET MALL, STE 350	•	NAM	E Et address					
CITY+ST-ZIP	MINNEAPOLIS, MN 55402			-ST-ZIP					
TITLÉ		☐ Delete	HITLE					☐ Change	Addition
NAME			NAM	E					
STREET ADDRESS				ET ADDRESS - ST - ZIP					
CITY-ST-ZIP		П						Change	☐ Addition
TITLE NAME		☐ Delete	. TITLE NAM	I				Change	☐ Addition
STREET ADDRESS		•		ET ADDRESS					
CITY-\$T-ZIP			CITY	-ST-ZIP					
				. 1	· · · · · · · · · · · · · · · · · · ·	·		☐ Change	☐ Addition
TITLE		☐ Delele	TITLE	I				Change	L Addition
NAME		☐ Delete	NAM	E				Change	
		☐ Delete	NAM STRE	I				C. Change	
NAME STREET ADDRESS		☐ Delete	NAM STRE	E ET ADDRESS -ST-ZIP				Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME			NAM STRE CITY TITLE NAM	E ET ADDRESS -ST-ZIP					
NAME STREET ADDRESS CITY-ST-ZIP TITLE			NAM STRE CITY TITLE NAM STRE	E ET ADDRESS -ST-ZIP					

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 608, Florida Statutes.

SIGNATURE: SIGNATURE: SIGNATURE AND TYPED OF SIGNING MANAGING MEMBER. MANAGER, OR AUTHORIZED REPRESENTATIVE

16/07 40

*6*0078 <u>1992 - 1997</u>