
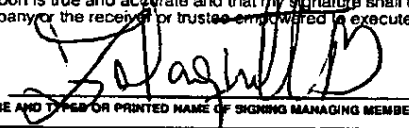


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

Chec

**FILED**  
**May 10, 2004 8:00 am**  
**Secretary of State**

04-21-2004 90457 023 \*\*\*\*50.00

|   |  |                     |  |   |  |
|---|--|---------------------|--|---|--|
| <b>DOCUMENT # L03000021069</b><br>1. Entity Name<br><b>ACCESS PROPERTY MANAGEMENT, LLC</b>  |  |                     |  |                |  |
| Principal Place of Business<br><b>1234 WASHINGTON AVENUE<br/>SUITE 201<br/>MIAMI BEACH FL 33139<br/>US</b>  |  |                     | Mailing Address<br><b>1234 WASHINGTON AVENUE<br/>SUITE 201<br/>MIAMI BEACH FL 33139<br/>US</b>   |   |  |
| 2. Principal Place of Business  |  | 3. Mailing Address  |  |   |  |
| Suite, Apt. #, etc.   |  | Suite, Apt. #, etc. |  |   |  |
| City & State  |  | City & State        |  | 4. FEI Number<br><b>57-1172120</b>  |  |
| Zip   |  | Country             |  | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b> |  |
| 6. Name and Address of Current Registered Agent<br><br><b>CORPORATION SERVICE COMPANY<br/>1201 HAYS STREET<br/>TALLAHASSEE FL 32301</b>   |  |                     | 7. Name and Address of New Registered Agent<br>Name _____<br>Street Address (P.O. Box Number is Not Acceptable) _____<br>City _____ <b>FL</b> 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.<br><br>SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)<br>Signature, typed or printed name of registered agent and title if applicable. DATE _____   |  |                     |  |   |  |
| <b>FILE NOW!!! FEE IS \$50.00</b><br><b>Make Check Payable to Florida Department of State</b><br><b>Due By May 1, 2004</b>  |  |                     |  |   |  |
| 9. MANAGING MEMBERS/MANAGERS  |  |                     | 10. ADDITIONS / CHANGES  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | MGR<br><b>ZALAUQUETT, WILLIAM A</b><br><b>710 WASHINGTON AVENUE, #405</b><br><b>MIAMI BEACH FL 33139</b> <input type="checkbox"/> Delete |                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                               |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | MGR<br><b>SPERMAN, JOSE LUIS</b><br><b>11 ISLAND AVENUE, #1505</b><br><b>MIAMI BEACH FL 33139</b> <input type="checkbox"/> Delete        |                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                               |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> Delete  |                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                               |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> Delete  |                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                               |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> Delete  |                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                               |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> Delete  |                     | TITLE<br>NAME<br>STREET ADDRESS<br>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. |  |                     |  |   |  |
| <b>SIGNATURE:</b> <br>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE  |  |                     | <b>4-16-4 (305) 531 7206</b><br>Date Daytime Phone #   |   |  |