


**2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jun 02, 2003 8:00 am
Secretary of State

06-02-2003 90083 012 ****50.00

DOCUMENT # L00000015389

1. Entity Name
EASY ACCESS CONSULTING LLC



Principal Place of Business
**6521 WOODBURY ROAD
BOCA RATON, FL 33433**

Mailing Address
**6521 WOODBURY ROAD
BOCA RATON, FL 33433**

2. Principal Place of Business
**1200 S. OCEAN BLVD
Suite, Apt. #, etc.
11 H**

3. Mailing Address
**1200 S. OCEAN BLVD
Suite, Apt. #, etc.
11 H**

City & State
BOCA RATON, FL

City & State
BOCA RATON, FL

Zip
33432 Country
USA

Zip
33432 Country
USA



CHECK HERE IF MAKING CHANGES

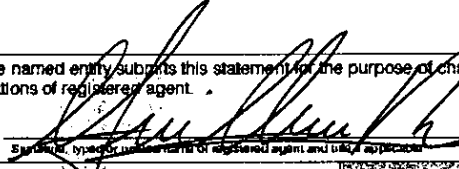
4. FEI Number
36-4408259 Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
**RAMAS, GUILLERMO JR
6521 WOODBURY ROAD
BOCA RATON, FL 33433**

7. Name and Address of New Registered Agent
Name
RAMAS, GUILLERMO JR
Street Address (P.O. Box Number is Not Acceptable)
1200 S. OCEAN BLVD 11 H
City
BOCA RATON FL Zip Code
33432

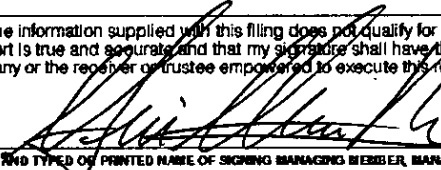
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  **GUILLERMO RAMAS JR (MGRM)** 5/30/03
SIGNATURE, TYPE OR PRINTED NAME OF REGISTERED AGENT AND DATE APPLICABLE (NOTE: Registered Agent's signature required when reinstating) DATE

FILE NOW! FEE IS \$50.00
Make Cash Payment to Florida Department of State
Due by May 1, 2003

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ALMA, RAMAS I 4020 GALT OCEAN DRIVE, UNIT 412 BOCA RATON, FL 33308 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM RAMAS, GUILLERMO M JR 6521 WOODBURY RD. BOCA RATON, FL 33433 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KIMBERLY, RAMAS A 6521 WOODBURY RD. BOCA RATON, FL 33433 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GUILLERMO, RAMAS N SR. 4020 GALT OCEAN DRIVE, UNIT 412 FT. LAUDERDALE, FL 33308 <input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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:  **GUILLERMO RAMAS JR** 5/30/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone # **561-361-7093**

CR2E083 (10/02)