

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L00000016144

1. Entity Name  
CONTROLLED ACCESS, LLC



Principal Place of Business

2391 OAKES BLVD.  
NAPLES, FL 34119

Mailing Address

2391 OAKES BLVD.  
NAPLES, FL 34119

**FILED**  
04 AUG -4 PM 4:07  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



07302004No Chg-LLC

CR2E083 (10/03)

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4. FEI Number 59-3690108	Applied For Not Applicable
5. Certificate of Status Desired	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

CARTER, KEN  
2391 OAKES BLVD.  
NAPLES, FL 34119

**DO NOT WRITE  
IN THIS SPACE**

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by September 8, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P CARTER, KEN 2391 OAKES BLVD. NAPLES, FL 34119
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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: Ken Carter

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

7/30/04 239-2738208

Date

Daytime Phone #

L 00000016144

**FLORIDA FILING & SEARCH SERVICES, INC.**

**P.O. BOX 10662 TALLAHASSEE, FL 32302**

**PHONE: (850) 668-4318 FAX: (850) 668-3398**

DATE: 08-04-04

NAME: CONTROLLED ACCESS, LLC

TYPE OF FILING: ANNUAL REPORT

COST: \$50 + \$5= \$55

RETURN: GOOD STANDING

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*BR*

ACCOUNT: FCA000000015

AUTHORIZATION: ABBIE/PAUL HODGE

*PAUL HODGE*

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