2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000006208

Current Principal Place of Business:

JANEY, DERRELLE M

LAKE MARY, FL 32746

LAKE MARY, FL 32746

LOCKHART, SEVERNIA L

LAKE MARY, FL 32746

() Delete

4185 W LAKE MARY BLVD STE 177

() Delete

4185 W LAKE MARY BLVD STE 177

MGR

MGR

VINK, S

4185 W. LAKE MARY BOULEVARD, SUITE 177

Name:

Title:

Title:

Name:

Address:

City-St-Zip:

Name:

Address:

City-St-Zip:

Address:

City-St-Zip:

Entity Name: YOUR MONEY ACCESS LLC

FILED Mar 19, 2005 Secretary of State

New Principal Place of Business:

800 W LAKE MARY 1035 GREENWOOD BLVD LAKE MARY, FL 32773 477 LAKE MARY, FL 32746 **Current Mailing Address: New Mailing Address:** 4185 W LAKE MARY **STE 177** LAKE MARY, FL 32746 FEI Number: 01-0636636 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: FERRER, JUAN 701 BRICKELL AVENUE SUITE 1650 MIAMI, FL 33131 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. SIGNATURE: Electronic Signature of Registered Agent Date MANAGING MEMBERS/MEMBERS: ADDITIONS/CHANGES: MGR Title: () Change () Addition () Delete DIXON, MARC Name: Name: 4185 W. LAKE MARY BOULEVARD, SUITE 177 Address: Address: City-St-Zip: LAKE MARY, FL 32746 City-St-Zip: Title: MGRM Title: () Change () Addition () Delete DIXON, TEE Name: Name: Address: 4185 W. LAKE MARY BOULEVARD, SUITE 177 Address: City-St-Zip: LAKE MARY, FL 32746 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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.

Name:

Title:

Name:

Title:

Name:

Address:

City-St-Zip:

Address:

City-St-Zip:

Address:

City-St-Zip:

() Change () Addition

() Change () Addition

SIGNATURE: TEE DIXON MGR 03/19/2005