

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

0004465

DOCUMENT # L02000006500

1. Entity Name

ACCESS PARTNERS, L.L.C.



FILED
03 SEP 30 PM 3:58
SECRETARY OF STATE
TALLAHASSEE FLORIDA

Principal Place of Business

726 SUNSET RD.
WEST PALM BEACH FL 33401-7844

Mailing Address

726 SUNSET RD.
WEST PALM BEACH FL 33401-7844

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

ESPERANTE 222 LAKEVIEW AVE

Suite, Apt. #, etc.

SUITE 160-250

City & State

W. PALM BEACH, FLORIDA

Zip

33401

Country

U.S.

9/30 ☒ CHECK HERE IF MAKING CHANGES

4. FEI Number

55-0837066

☒ Applied For
☐ Not Applicable

5. Certificate of Status Desired

☒ \$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BARNETT, CHARLES D
8412 NATIVE DANCER ROAD
PALM BEACH GARDENS FL 33418

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By September 24, 2003

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE ☐ Delete
NAME MGRM
STREET ADDRESS PARRY, LEO
CITY-ST-ZIP 726 SUNSET RD.
WEST PALM BEACH FL 33401-7844

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 800023453638
CITY-ST-ZIP 09/30/03--01092--008 **50.00

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 800023453638
CITY-ST-ZIP 09/30/03--01092--009 **5.00

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

7 July 2003

561.346.1177

Date

Daytime Phone #

CR2E083 (4/03)