

**2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**May 07, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # L02000007305**

**1. Entity Name**  
**INFINITY ACCESS GROUP, LLC**



**Principal Place of Business**  
**13902 N. DALE MABRY HIGHWAY**  
**SUITE 103**  
**TAMPA, FL 33618**

**Mailing Address**  
**13902 N. DALE MABRY HIGHWAY**  
**SUITE 103**  
**TAMPA, FL 33618**

**DO NOT WRITE IN THIS SPACE**



05052004 No Chg-LLC

CR2E083 (10/03)

**4. FEI Number**  
**04-3657099**

☐ Applied For  
☐ Not Applicable

**5. Certificate of Status Desired** ☐

**\$5.00 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**HINES, JAMES P**  
**315 S. HYDE PARK AVE.**  
**TAMPA, FL 33606**

**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 reappointing)

**DATE**

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

U000000158272  
05/07/04-80015-004 50.00

**9. MANAGING MEMBERS/MANAGERS**

<b>TITLE</b>	<b>P</b>
<b>NAME</b>	<b>STEWART, DAVE</b>
<b>STREET ADDRESS</b>	<b>13902 N DALE MABRY HWY STE 103</b>
<b>CITY-ST-ZIP</b>	<b>TAMPA, FL 33618</b>
<b>TITLE</b>	<b>VP</b>
<b>NAME</b>	<b>JOHNSON, BOBBY</b>
<b>STREET ADDRESS</b>	<b>1365 ARMOND DRIVE #103</b>
<b>CITY-ST-ZIP</b>	<b>MEMPHIS, TN 38103</b>
<b>TITLE</b>	<b>T</b>
<b>NAME</b>	<b>BALLANCE, WILLIAM</b>
<b>STREET ADDRESS</b>	<b>963 CROSS CUT WAY</b>
<b>CITY-ST-ZIP</b>	<b>LONGWOOD, FL 32750</b>
<b>TITLE</b>	<b>S</b>
<b>NAME</b>	<b>SCONNELLY, CARL</b>
<b>STREET ADDRESS</b>	<b>620 DOUGLAS AVE STE 1312</b>
<b>CITY-ST-ZIP</b>	<b>ALTAMONTE SPRINGS, FL 327142546</b>
<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	

**DO NOT WRITE  
IN THIS SPACE**

**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:**

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

**5-5-04 813-269-7400**

Date

Daytime Phone #