

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000035126

FILED
Mar 28, 2007
Secretary of State

Entity Name: ACCESS FUND MANAGEMENT, LLC

Current Principal Place of Business:

28050 US HWY 19 N
SUITE 301
CLEARWATER, FL 33761 US

New Principal Place of Business:

12507 FOXTROT ROAD
ODESSA, FL 33556 US

Current Mailing Address:

28050 US HWY 19 N
SUITE 301
CLEARWATER, FL 33761 US

New Mailing Address:

12507 FOXTROT ROAD
ODESSA, FL 33556 US

FEI Number: 75-3096789

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WILLIAMS, MICHAEL V
28050 US HWY 19 N
SUITE 301
CLEARWATER, FL 33761 US

Name and Address of New Registered Agent:

WILLIAMS, MICHAEL V
12507 FOXTROT ROAD
ODESSA, FL 33556 US

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:

03/28/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: WILLIAMS, MICHAEL V
Address: 28050 US HWY 19 N
City-St-Zip: CLEARWATER, FL 33761 US

Title: MGRM () Delete
Name: TRUMPFHELLER, KENNETH D
Address: 1793 KINGSWOOD DRIVE
City-St-Zip: SOUTHLAKE, TX 76092 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: WILLIAMS, MICHAEL V
Address: 12507 FOXTROT ROAD
City-St-Zip: ODESSA, FL 33556 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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.

SIGNATURE: MICHAEL V WILLIAMS

MGRM

03/28/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date