


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Apr 02, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT #</b> L03000006181	
<b>1. Entity Name</b> ACCESS FLORIDA, LLC	

<b>Principal Place of Business</b> 1417 MIDDLE RIVER DRIVE FORT LAUDERDALE FL 33304	<b>Mailing Address</b> 1417 MIDDLE RIVER DRIVE FORT LAUDERDALE FL 33304
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<b>2. Principal Place of Business</b>	<b>3. Mailing Address</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



1st MOORE CR2E083 (10/04)

<b>4. FEI Number</b> 35-0822666	<b>Applied For</b> <input type="checkbox"/> Not Applicable
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<b>5. Certificate of Status Desired</b> <input type="checkbox"/>	<b>\$5.00 Additional Fee Required</b>
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<b>6. Name and Address of Current Registered Agent</b>  NIELA, ALBERT 1417 MIDDLE RIVER DRIVE FORT LAUDERDALE FL 33304
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<b>7. Name and Address of New Registered Agent</b>
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.**

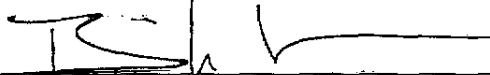
<b>SIGNATURE</b> <small>Signature, typed or printed name of registered agent and title if applicable</small>	<small>(NOTE: Registered Agent signature required when reinstating)</small>	<small>DATE</small>
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**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2005**

<b>9. MANAGING MEMBERS/MANAGERS</b>	
<b>TITLE</b> NAME STREET ADDRESS CITY- ST- ZIP	<b>MGRM</b> NIELS, ALBERT 1417 MIDDLE RIVER DRIVE FORT LAUDERDALE FL 33304 <input type="checkbox"/> Delete
<b>TITLE</b> NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete
<b>TITLE</b> NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete
<b>TITLE</b> NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete
<b>TITLE</b> NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete
<b>TITLE</b> NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete

<b>10. ADDITIONS/CHANGES</b>	
<b>TITLE</b> NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition  U000000284583 04/02/05-80010-018 50.00
<b>TITLE</b> NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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<b>TITLE</b> NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

**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:**  **1/25/2005 954 56892**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #