




**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 23, 2008 8:00 am**  
**Secretary of State**

04-23-2008 90126 037 \*\*\*138.75

<b>DOCUMENT # L03000008642</b>					
1. Entity Name THE ACCESS CENTER, LLC					
Principal Place of Business 14375 MYER LAKE CIR CLEARWATER, FL 33760 US			Mailing Address 14375 MYER LAKE CIR CLEARWATER, FL 33760 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 33-1047812	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
AGENTS AND CORPORATIONS, INC. 300 FIFTH AVENUE SOUTH SUITE 101-330 NAPLES, FL 34102			Name FRANKIE WINSETT		
			Street Address (P.O. Box Number is Not Acceptable) 14375 Myer Lake Circle		
			City Clearwater		FL
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 			DATE 4-18-08		(NOTE: Registered Agent signature required when reinstating)
<b>FILE NOW!!! FEE IS \$138.75</b> <b>After May 1, 2008 Fee will be \$538.75</b>			<b>Make check payable to</b> <b>Florida Department of State</b>		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	THE SPACE CONNECTION, INC.		NAME		
STREET ADDRESS	10530 VICTORY BLVD		STREET ADDRESS		
CITY-ST-ZIP	NORTH HOLLYWOOD, CA 91606		CITY-ST-ZIP		
TITLE	MGRP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WINSETT, FRANKIE		NAME		
STREET ADDRESS	14375 MYER LAKE CIR		STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER, FL 33760		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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STREET ADDRESS			STREET ADDRESS		
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STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: 			DATE 4/18/08		727-463-7285
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date		Daytime Phone #

60027314



04142008 Chg-LLC CR2E083 (12/06)

4. FEI Number  
33-1047812 Applied For  
Not Applicable

5. Certificate of Status Desired  \$5.00 Additional Fee Required


**FILE NOW!!! FEE IS \$138.75**  
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**Make check payable to**  
**Florida Department of State**

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 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #