FILED Feb 14, 2005 8:00 am Secretary of State

DOCUMENT # L04000017546]	01-20-2005 9	90009 018 **	'** 50.00	
1. Entity Name ALL ACCESS PROPERTIES, LLC					- -				
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2. Principal Place of Business 3. Mailing Address					 				
Suite, Apt. #, etc. Suite, Apt. #, etc.				***	1	20 COM 61511 ACM 62110 SOM 6211	II IVEN ISTEL BINS EITES E	Man in this	
Suite, Apri.	#, O.C.	Suite, Apr. W. etc.			01132005	Chg-LLC C	CR2E083 (10/03)		
City & State		City & State			4. FEI Numi	0529137	2_ ^	ot Applicable	
Zlp			Country	Country			\$5.00 Ad		
					<u> </u>		Fee Require		
	6. Name and Address of Curre	Na Na	7. Name and Address of New Registered Agent Name						
RUCKMAN, SUSAN M									
2504 PINERIDGE FOAD			Str	Street Address (P.O. Box Number is Not Acceptable)					
JACKSONVILLE, FL 32207									
		-	Cit	,			FL Zip Coo	ie	
8. The above	named entity submits this statement	t for the purpose of changing its	registered off	ce or register	red agent, or b	oth, in the State of Florida	. — ,	and accept	
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, systed or carded name of registered agent and little if applicable. (MOTE Registered Agent signature required when refreshing) DATE									
De National Control Co									
n.	ling Fee is \$50.00 ue by May 1, 2005						heck payable to partment of Stat	. }	
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CITY-ST-ZIP	portify that the information association	with this filing does not such that	CITY-ST-ZI	ctotad is Co	offen 110 070	VI) Eladda Ctatuta 17 m	han angik, sh-a sh - '	dometer	
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 furtuse empowered to execute this report as required by Chapter 608, Florida Statutes.									
minute making company of the receiver of inusies of powered to execute this report as required by Chapter out, Fiorida Statutes.									
SIGNATURE: Susan M. Ruckman Susan M. Ruckne 1/18/05 (904)									
STIGNATURE: DIAS OF PRINTED HAME OF SIGNANG MANAGING MEMBER MANAGER, OR AUTHORIZED REPRESENTATIVE DIAS DIAGRAPHICA PHOTO F 345									
<u> </u>									