

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000025637

FILED
Jan 13, 2008
Secretary of State

Entity Name: ACCESS REALTY ASSOCIATES, LLC

Current Principal Place of Business:

1415 VIA DE PEPI
RENAISSANCE COMMONS
BOYNTON BEACH, FL 33426 US

New Principal Place of Business:

Current Mailing Address:

1415 VIA DE PEPI
RENAISSANCE COMMONS
BOYNTON BEACH, FL 33426 US

New Mailing Address:

FEI Number: 81-0666652

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RICHARDS, CLAUDETTE Y
1415 VIA DE PEPI
RENAISSANCE COMONS
BOYNTON BEACH, FL 33426 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: RICHARDS, MICHAEL S
Address: 1415 VIA DE PEPI
City-St-Zip: BOYNTON BEACH, FL 33426 US

Title: MGR () Delete
Name: RICHARDS, CLAUDETTE Y
Address: 1415 VIA DE PEPI
City-St-Zip: BOYNTON BEACH, FL 33426 US

Title: MGR () Delete
Name: RICHARDS, LINTON R
Address: 10530 GALLERIA ST.
City-St-Zip: WELLINGTON, FL 33414

ADDITIONS/CHANGES:

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

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

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

I hereby certify that the information supplied with this filing does not qualify 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 S. RICHARDS

MGR

01/13/2008

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