


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 22, 2007 8:00 am**  
**Secretary of State**

05-22-2007 90178 020 \*\*\*\*50.00

<b>DOCUMENT # L06000004333</b>		
1. Entity Name <b>GREENWAY ACCESS, LLC</b>		

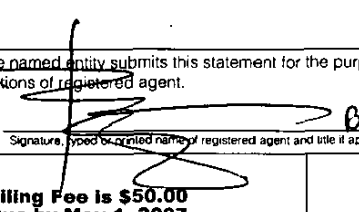
Principal Place of Business <b>101 TIMBERLACHEN CIRCLE SUITE 202 LAKE MARY, FL 32746 US</b>	Mailing Address <b>PO BOX 952259 LAKE MARY, FL 32795</b>
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2. Principal Place of Business - No P.O. Box # <b>22144 SE 46</b>	3. Mailing Address <b>22144 SE 46</b>
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City & State <b>Suwannee FL</b>	City & State <b>Suwannee FL</b>
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Zip <b>32776</b>	Country <b>US</b>	Zip <b>32776</b>	Country <b>US</b>
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6. Name and Address of Current Registered Agent <b>CHAMPION, BENJAMIN L 101 TIMBERLACHEN CIRCLE SUITE 202 LAKE MARY, FL 32746</b>	7. Name and Address of New Registered Agent Name <b>Greenway Access Management, LLC</b> Street Address (P.O. Box Number is Not Acceptable) <b>101 TIMBERLACHEN CR STE 202</b> City <b>LAKE MARY FL</b> Zip Code <b>32795</b>
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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, typed or printed name of registered agent and title if applicable.	<b>Benjamin L. Champion MGR</b> (NOTE: Registered Agent signature required when reinstating)

DATE <b>4-30-07</b>	
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<b>Filing Fee is \$50.00 Due by May 1, 2007</b>	<b>Make check payable to Florida Department of State</b>
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9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM CHAMPION, BENJAMIN L 101 TIMBERLACHEN CIRCLE - SUITE 202 LAKE MARY, FL 32746</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM Greenway Access Management, LLC 22144 SE 46 Suwannee FL 32776</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE 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 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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	<b>Benjamin L. Champion MGR</b> Date	<b>4-30-07</b> Daytime Phone #	<b>767-330-2120</b>
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