


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jun 01, 2007 8:00 am**  
**Secretary of State**

06-01-2007 90094 014 \*\*\*\*55.00

<b>DOCUMENT # L06000024209</b> 1. Entity Name <b>ACCESS COUNSELING ASSOCIATES LLC</b>					
Principal Place of Business <b>3480 DEPEW CIRCLE STE 2 PORT CHARLOTTE, FL 33952</b>			Mailing Address <b>3480 DEPEW CIRCLE STE 2 PORT CHARLOTTE, FL 33952</b>		
2. Principal Place of Business - No P.O. Box # <b>18245 Paulson Drive</b>		3. Mailing Address <b>18245 Paulson Drive</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State <b>Port Charlotte, FL</b>		City & State <b>Port Charlotte, FL</b>		4. FEI Number <b>204483661</b>	
Zip <b>33954</b>		Country <b>USA</b>		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$5.00</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>CORPDIRECT AGENTS, INC. 515 EAST PARK AVENUE TALLAHASSEE, FL 32301</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$50.00 Due by September 14, 2007</b>		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR LINDNER, DAWN 3480 DEPEW CIRCLE STE 2 PORT CHARLOTTE, FL 33952</b>	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR M Dawn Lindner 18245 Paulson Drive Port Charlotte, FL 33954</b>
<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR FLYNN, JOAN 3480 DEPEW CIRCLE STE 2 PORT CHARLOTTE, FL 33952</b>	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR M Joan Flynn 18245 Paulson Drive PORT CHARLOTTE, FL 33954</b>
<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)
<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)
<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Delete			
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.					
<b>SIGNATURE:</b> <u>Joan Flynn</u> <u>Joan Flynn</u> <u>5/25/07</u> <u>941-206-2480</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					

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