

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000076581

Entity Name: ACCESS LEARNING, LLC

FILED  
May 01, 2007  
Secretary of State

## Current Principal Place of Business:

1170 SUSSEX DR.  
#1117  
N. LAUDERDALE, FL 33068 US

## Current Mailing Address:

1170 SUSSEX DR.  
#1117  
N. LAUDERDALE, FL 33068 US

## New Principal Place of Business:

1919 NE 45TH STREET  
#218  
FORT LAUDERDALE, FL 33308 US

## New Mailing Address:

1919 NE 45TH STREET  
#218  
FORT LAUDERDALE, FL 33308 US

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

## Name and Address of Current Registered Agent:

UNITED STATES CORPORATION AGENTS, INC.  
1111 LINCOLN RD.  
SUITE 400  
MIAMI BEACH, FL 33139 US

## Name and Address of New Registered Agent:

SCHWAB, ABIGAIL L CEO  
1170 SUSSEX DR  
#1117  
N. LAUDERDALE, FL 33068 US

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: ABIGAIL L. SCHWAB

05/01/2007

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete  
Name: SCHWAB, ABIGAIL  
Address: 1170 SUSSEX DR., #1117  
City-St-Zip: N. LAUDERDALE, FL 33068 US

## ADDITIONS/CHANGES:

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: ABIGAIL L. SCHWAB

MGR

05/01/2007

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