


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

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FILED
Apr 04, 2007 8:00 am
Secretary of State

03-19-2007 90465 035 ****50.00

DOCUMENT # L06000121757 1. Entity Name ACCESS BY SKIP, LLC.					
Principal Place of Business 1730 FERN PALM DRIVE EDGEWATER, FL 32132			Mailing Address 1730 FERN PALM DRIVE EDGEWATER, FL 32132		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		03142007 Chg-LLC CR2E083 (12/06)	
Zip		Country		4. FEI Number 20-8145991	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent LISTER, EVERETT A III 1730 FERN PALM DRIVE EDGEWATER, FL 32132			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____					
Filing Fee is \$50.00 Due by May 1, 2007				Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM LISTER, EVERETT A III 1730 FERN PALM DRIVE EDGEWATER, FL 32132	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM LISTER, TERESA E 1730 FERN PALM DRIVE EDGEWATER, FL 32132	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete		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: <u><i>TERESA LISTER</i></u>				Date <u>3-15-07</u>	