


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED  
May 30, 2008 8:00 am  
Secretary of State

05-01-2008 90018 039 \*\*\*138.75

DOCUMENT # L07000109315					
1. Entity Name ACCESS FINANCIAL INVESTMENTS, LLC					
Principal Place of Business 5769 WEST SUNRISE BOULEVARD PLANTATION, FL 33313			Mailing Address 5769 WEST SUNRISE BOULEVARD PLANTATION, FL 33313		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 20-4303672	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent RUBEN, SHAWN R 5769 WEST SUNRISE BLVD PLANTATION, FL 33313				7. Name and Address of New Registered Agent Name <u>Barbara Dolan</u> Street Address (P.O. Box Number is Not Acceptable) <u>5769 W. Sunrise Blvd</u> City <u>Plantation</u> FL <u>33313</u>	
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 <u>Barbara Dolan</u> (NOTE: Registered Agent signature required when remaining) DATE <u>4/29/08</u>					
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ACCESS FINANCIAL, LLC 5769 WEST SUNRISE BOULEVARD PLANTATION, FL 33313	<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>Barbara Dolan</u>			Date <u>4/29/08</u> Daytime Phone # <u>954 362-5102</u>		

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