

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000000118

FILED
Jan 14, 2009
Secretary of State

Entity Name: ACCESS COMMUNICATIONS GROUP, LLC

Current Principal Place of Business:

3099 LEON ROAD
SUITE 5
JACKSONVILLE, FL 32246

New Principal Place of Business:

8409 BAYMEADOWS ROAD
SUITE 200
JACKSONVILLE, FL 32256

Current Mailing Address:

3099 LEON ROAD
SUITE 5
JACKSONVILLE, FL 32246

New Mailing Address:

8409 BAYMEADOWS ROAD
SUITE 200
JACKSONVILLE, FL 32256

FEI Number: 26-1648700

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DEBERNARDIS, ROSS P
3099 LEON ROAD
SUITE 5
JACKSONVILLE, FL 32246 US

Name and Address of New Registered Agent:

DEBERNARDIS, ROSS P
8409 BAYMEADOWS ROAD
SUITE 200
JACKSONVILLE, FL 32256 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:

01/14/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: DEBERNARDIS, ROSS P
Address: 1441 AZALEA POINT DRIVE NORTH
City-St-Zip: PONTE VEDRA BEACH, FL 32082 US

Title: MGRM () Delete
Name: SLININ, RICHARD
Address: 480 JOHNS CREEK PARKWAY
City-St-Zip: ST. AUGUSTINE, FL 32092 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: RICHARD SLININ

MGRM

01/14/2009

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