


FILE NOW: Fee after May 1, will be \$588.75

LIMITED LIABILITY COMPANY ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
FILING FEE \$ 203.75		Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE	
1. Name and Mailing Address of Limited Liability Company DOCUMENT # L94000000161 ACCESS UNLIMITED, L.C. 6801 LAKE WORTH RD # 119 LAKE WORTH FL 33467		1a. Principal Place of Business Address 6801 LAKE WORTH RD <i>mug</i> # 119 LAKE WORTH FL 33467	
If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.			
2. Principal Place of Business <i>1597 SW EGRET WAY</i> Suite, Apt. #, etc.		2a. Mailing Address <i>1597 SW EGRET WAY</i> Suite, Apt. #, etc.	
City & State <i>PALM CITY, FL</i> Zip <i>34990-4233</i>		City & State <i>PALM CITY, FL</i> Zip <i>34990-4233</i>	
Country <i>USA</i>		Country <i>USA</i>	
3. Date Organized or Qualified <i>04/15/1994</i>		3a. State of Formation <i>FL</i>	
4. FEI Number <i>65-0486902</i>		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Date of Last Report <i>05/01/1996</i>		6. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
7. Name and Address of Current Registered Agent WHALEN, TIMOTHY L 400 AUSTRALIAN AVE. SOUTH SUITE 850 WEST PALM BEACH FL 33401		8. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City <i>FL</i> Zip Code	
9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.			
SIGNATURE _____		DATE _____	
(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)			
10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MEM	WACKER, JERRY	<i>1597 SW EGRET WAY</i> 5399 ALTA WAY	<i>Palm City, FL 34990-4233</i> LAKE WORTH FL
MEM	GAGNON, JOHN	3155 64TH ST. S.W.	NAPLES FL
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11. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3) (i), Florida Statutes. I further certify that the information indicated on this annual 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; and that my name appears in Block 10, or on an attachment with an address.			
SIGNATURE: <i>Patricia A. Wacker</i> PATRICIA A. WACKER 4/14/97			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #			