

2000 UNIFORM BUSINESS REPORT (UBR)

DIVISION OF CORPORATIONS

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DOCUMENT # L96000000046

1. Entity Name
SPACE ACCESS, L.L.C.

Principal Place of Business
1007 W. AVENUE M-14
SUITE C
PALMDALE CA 93551-1443

Mailing Address
1007 W. AVENUE M-14
SUITE C
PALMDALE CA 93551-1443



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 95-4563249

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RAATTAMA, HENRY H JR.
C/O AKERMAN, SENTERFITT & EDISON, P.A.
1 S.E. 3RD AVE., 28TH FLOOR
MIAMI FL 33131

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
MGRM
SPACE ACCESS INNOVATIONS, INC.
% 1007 W. AVENUE M-14., STE C
PALMDALE CA 93551-1443 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Change ☐ Addition
mf 2/22/00

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
MEM
PFG SPACE ACCESS INVESTMENTS, INC.
1250 COAST VILLAGE ROAD., STE K
SANTA BARBARA CA 93108 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Change ☐ Addition
8000003148308--3
-02/28/00--01020--013
*****50.00 *****50.00

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
MEM
PACELLI FAMILY APCE ACCESS, LLC
206 W AYRES
HINSDALE IL 60521 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
MEM
PACELLI FAMILY SPACE ACCESS, LLC
206 W AYRES
HINSDALE IL 60521 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Delete

TITLE
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STREET ADDRESS
CITY- ST- ZIP
☐ Change ☐ Addition

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☐ Change ☐ Addition

11. I 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 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:

Stephen G. Wurst
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

28 JANUARY 2000 (661) 267-4000

Date

Daytime Phone #

CR2E083 (9/99)