File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE. LIMITED LIABILITY COMPANY FLORIDA DEPARTMENT OF STATE Katherine Harris ANNUAL REPORT Secretary of State 1999 DIVISION OF CORPORATIONS FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee APR 30 A 1a. Principal Place of Business Address ACCESS AMERICA L.C. 152 COUNTRY CLUB DRIVE WEST 152 COUNTRY CLUB DRIVE WEST INDIAN BAYOU INDIAN BAYOU DESTIN FL 32541 DESTIN FL 32541 2 Principal Place of Business 2a. Mailing Address 3. Date Organized or Qualified 3a. State of Formation 09/23/1996 FI. Suite, Apt. #, etc. Suite, Apt #, etc. 4. FEI Number Applied For City & State City & State 52-1993956 Not Applicable 5. Date of Last Report 6. Certificate of Status Desired Country Country \$8.75 Additional Fee Required 04/13/1998 7. Name and Address of Current Registered Agent 8. Name and Address of New Registered Agent/Office BROMHAM, MALCOLM J 152 COUNTRY CLUB DRIVE WEST Street Address (P.O. Box Number is Not Acceptable) INDIAN BAYOU DESTIN FL 32541 Suite, Apt #, etc 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 aftermative vote of a majority of the members. Thereby accept the appointment as registered agent, and accept the obligations. SIGNATURE ... DATE (Registered Ages) A cerubog Appointment). (Natific Registered Agent signature required when recent regis 10. Title Managing Members/Managers **Business Street Address** City, State and Zip Code MGRM BROMHAM, MALCOLM J 152 COUNTRY CLUB DR. WEST DESTIN FL 500002868585----05/07/93--01156--019 ****188.75 ****188.75 in hereby certify that the information supplied with this filing dolys 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 emp cecute this report as required by Chapter 608, Florida Statules; and that my name appears in Block 10, or on an attachment with an address. SIGNATURE: MANAGPET MEMBER OFFMANAGES SIGNATURE AND TYPET

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