

**2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 30, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # L96000001003**

1. Entity Name  
**ACCESS AMERICA L.C.**



Principal Place of Business  
**152 COUNTRY CLUB DRIVE WEST  
INDIAN BAYOU  
DESTIN, FL 32541**

Mailing Address  
**152 COUNTRY CLUB DRIVE WEST  
INDIAN BAYOU  
DESTIN, FL 32541**



04272004 No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**52-1993956**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**BROMHAM, MALCOLM J  
152 COUNTRY CLUB DRIVE WEST  
INDIAN BAYOU  
DESTIN, FL 32541**

**DO NOT WRITE  
IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00  
Due by May 1, 2004**

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**MGRM  
BROMHAM, MALCOLM J  
152 COUNTRY CLUB DR. WEST  
DESTIN, FL 32541**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**MGR  
BROMHAM, PAULA  
152 COUNTRY CLUB DRIVE WEST  
DESTIN, FL 32541**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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TITLE  
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CITY - ST - ZIP

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04/30/04 08:00 AM '04 \$0.00

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:**

*Paula Bromham*

*4-26-04*

*850837-2666*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #