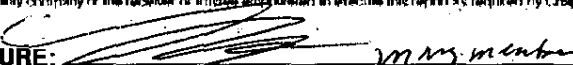


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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M00000000431			
1. Entity Name ACCESS 2 REAL ESTATE.COM LLC			
Principal Place of Business 20 COLONIAL DRIVE DANBURY, CT 06811		Mailing Address 20 COLONIAL DRIVE DANBURY, CT 06811	
2. Principal Place of Business 60 Pleasant St.		Mailing Address P.O. Box 2868	
City & State Danbury CT.		City & State Danbury CT.	
Zip 06810		Zip 06813	
Country USA		Country USA	
3. Name and Address of Current Registered Agent SCOTT, THOMAS F 634 MIRROR LAKE DRIVE SEBASTIAN, FL 32968		4. FEI Number 08-1557094	
		Applied For Not Applicable	
		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	
		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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE			
Signature, typed or printed name of registered agent and if it is applicable, (NOTE: Registered Agent's signature required when effecting)			
DATE			
300023054203			
9/15/03--01083--006 ***0.00			
9. MANAGING MEMBERS/MANAGERS			
10. ADDITIONS/CHANGES			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
MGR SCOTT, THOMAS F 20 COLONIAL DR. DANBURY, CT 06811			
Delete ☐		Change ☐ Addition ☐	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
Delete ☐		Change ☐ Addition ☐	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
Delete ☐		Change ☐ Addition ☐	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
Delete ☐		Change ☐ Addition ☐	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
Delete ☐		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)(b), 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 889, Florida Statutes.			
SIGNATURE: 		Date: 9-3-03	
SIGNATURE, AND IF TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date	