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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	Mailing Address
20 COLONIAL DRIVE DANBURY, CT 06811	20 COLONIAL DRIVE DANBURY, CT 06811

☑ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
60 Pleasant St.	P.O. Box 2868
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Danbury CT.	City & State: Danbury CT.
Zip: 06810 Country: USA	Zip: 06813 Country: USA

4. FEI Number: 06-1557094 — ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

SCOTT, THOMAS F
634 MIRROR LAKE DRIVE
SEBASTIAN, FL 32958

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 title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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09/15/03--01083--006 **50.00

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SCOTT, THOMAS F 20 COLONIAL DR. DANBURY, CT 06811 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E083 (10/02)

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: mng member 9-3-03 1 888 816-1616

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #