

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 26, 2004 8:00 am
Secretary of State

01-26-2004 90075 004 ***150.00

DOCUMENT # M00000001059

1. Entity Name
ACCESS CASH INTERNATIONAL L.L.C.



Principal Place of Business

**20 YORKTON COURT
ST. PAUL, MN 55117**

Mailing Address

**8501 N SCOTTSDALE RD
300
PARADISE VALLEY, AZ 85253**

2. Principal Place of Business

7805 Hudson Rd

3. Mailing Address



Suite, Apt. #, etc.

100

Suite, Apt. #, etc.

01152004

Chg-LLC

CR2E083 (10/03)

City & State

Woodbury, MN

City & State

4. FEI Number

41-1964315

Applied For

Not Applicable

Zip

55-125

Country

Zip

Country

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324**

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

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

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
WALSH, PAUL
8501 N. SCOTTSDALE RD #300
SCOTTSDALE, AZ 85253** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
LISTON, THOMAS
8501 N. SCOTTSDALE RD #300
SCOTTSDALE, AZ 85253** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
COLEMAN, STEVEN
8501 N. SCOTTSDALE RD #300
SCOTTSDALE, AZ 85253** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
MARTIN, RAYMOND
8501 N. SCOTTSDALE RD #300
SCOTTSDALE, AZ 85253** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

10. ADDITIONS/CHANGES

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

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**Treasurer
George Gresham
8501 N Scottsdale Rd #300
Scottsdale, AZ 85253** ☐ Change ☒ Addition

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ 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:

Thomas A. Liles

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

1-20-04

Date

480-629-1455

Daytime Phone #