


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90129 020 ****50.00

DOCUMENT # M00000001059 1. Entity Name ACCESS CASH INTERNATIONAL L.L.C.	
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20053581



Principal Place of Business 7805 HUDSON RD 100 WOODBURY, MN 55125	Mailing Address 8501 N SCOTTSOLATE RD 300 PARADISE VALLEY, AZ 85253
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2. Principal Place of Business 5208 NE 122nd Avenue Suite, Apt. #, etc.	3. Mailing Address 5208 NE 122nd Avenue Suite, Apt. #, etc.
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City & State Portland, OR	City & State Portland, OR
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Zip 97230-1074	Country USA	Zip 97230-1074	Country USA
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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
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$50.00
Due by May 1, 2005**

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

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR WALSH, PAUL 8501 N. SCOTTSDALE RD #300 SCOTTSDALE, AZ 85253 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR Kenneth L. Tepper 5208 NE 122nd Avenue Portland, OR 97230-1074 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T LISTON, THOMAS 8501 N. SCOTTSDALE RD #300 SCOTTSDALE, AZ 85253 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR Daniel E. O'Brien 5208 NE 122nd Avenue Portland, OR 97230-1074 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S COLEMAN, STEVEN 8501 N. SCOTTSDALE RD #300 SCOTTSDALE, AZ 85253 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR Thomas W. Mann 5208 NE 122nd Avenue Portland, OR 97230-1074 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T GRESHAN, GEORGE 8501 N. SCOTTSDALE RD #300 SCOTTSDALE, AZ 85253 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR Amy B. Krallman, Esquire 5208 NE 122nd Avenue Portland, OR 97230-1074 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:  **Daniel E. O'Brien** **4/22/05** **(503)257-8766**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #