

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 21, 2005 08:00 AM
Secretary of State

DOCUMENT # M02000000033

1. Entity Name
VIRTUAL ACCESS PARTNERS, LLC



Principal Place of Business
**2100 SOUTHBRIDGE PARKWAY
SUITE 650
BIRMINGHAM, AL 35209**

Mailing Address
**2100 SOUTHBRIDGE PARKWAY
SUITE 650
BIRMINGHAM, AL 35209**



03042005 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
63-1282277

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**TURLEY, DANNY E
11123 KEY MADEIRA DRIVE
JACKSONVILLE, FL 32218**

**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, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
HARRISON, DAVID W
264 WYNLANE DRIVE
MONTEVALLO, AL 35115**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
SCHMALING, WILLIAM
35 BLACKBERRY LN
MORRISTOWN, NJ 07960**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
POTTS, BARBARA N
5641 8TH AVENUE SOUTH
BIRMINGHAM, AL 35212**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

03/21/05-80048-003 50.00

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

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

3/16/05

Date

845986-6657

Daytime Phone #