

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 17, 2006 08:00 AM
Secretary of State

DOCUMENT # M04000001846

1. Entity Name
ACCESS MORTGAGE, LLC



Principal Place of Business

**7070 SOUTH UNION PARK CENTER, SUITE 220
MIDVALE, UT 84047**

Mailing Address

**7070 SOUTH UNION PARK CENTER, SUITE 220
MIDVALE, UT 84047**



01052006No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
87-0659793

Applied For
☐ Not Applicable

5. Certificate of Status Desired



\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**SMITH, WILLIAM T
2765 REBECCA LANE, SUITE C
ORANGE CITY, FL 32763**

**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, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
WESTERN, JAMES
7070 SOUTH UNION PARK CENTER, #220
MIDVALE, UT 84047**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
WESTERN, MARC
7070 SOUTH UNION PARK CENTER, #220
MIDVALE, UT 84047**

TITLE
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STREET ADDRESS
CITY-ST-ZIP

TITLE
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1100000389382
01/20/06-80045-012 55.00

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

James Western

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

1/5/06

Date

(801) 206-5220

Daytime Phone #