


**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**May 01, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # M05000001822**  
 1. Entity Name  
**ACCESS FLORIDA OFFICE, LLC**



Principal Place of Business      Mailing Address  
**2304 WESVILL COURT STE 380**      **2304 WESVILL COURT STE 380**  
**RALEIGH, NC 27607-2973**      **RALEIGH, NC 27607-2973**

**DO NOT WRITE IN THIS SPACE**



01102006 No Chg-LLC      CR2E083 (11/05)  
 4. FEI Number      Applied For  
**20-2601438**      Not Applicable  
 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**

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**Filing Fee is \$50.00 Due by May 1, 2006**

**9. MANAGING MEMBERS/MANAGERS**

TITLE	MGRM
NAME	WILSON, STEPHANIE J
STREET ADDRESS	2304 WESVILL COURT STE 380
CITY-ST-ZIP	RALEIGH, NC 276072973
TITLE	MGRM
NAME	SMITH, WILLIAM T
STREET ADDRESS	2304 WESVILL COURT STE 380
CITY-ST-ZIP	RALEIGH, NC 276072973
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000550372  
 05/13/06-80054-021 50.00

**DO NOT WRITE 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:**       4/25/06 9198281575  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #