

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 30, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # M05000001822</b> 1. Entity Name ACCESS FLORIDA OFFICE, LLC	
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Principal Place of Business 2304 WESVILL COURT STE 380 RALEIGH, NC 27607-2973	Mailing Address 2304 WESVILL COURT STE 380 RALEIGH, NC 27607-2973
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DO NOT WRITE IN THIS SPACE



04242007No Chg-LLC      CR2E083 (11/05)

4. FEI Number 20-2601438	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> 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 \_\_\_\_\_

Filing Fee is \$50.00  
Due by May 1, 2007

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

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05/16/07-80028-003 50.00

TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
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CITY- ST- ZIP	

DO NOT WRITE  
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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:       4/24/07