

2008 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# M06000003117

FILED
May 09, 2008
Secretary of State**Entity Name:** GLOBALACCESS EXCHANGE, LLC**Current Principal Place of Business:**8505 WEST IRLO BRONSON MEMORIAL HWY.
KISSIMMEE, FL 34747**New Principal Place of Business:****Current Mailing Address:**8505 WEST IRLO BRONSON MEMORIAL HWY.
KISSIMMEE, FL 34747**New Mailing Address:****FEI Number:** 20-4930597**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired (X)****Name and Address of Current Registered Agent:**NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE
SUITE 4
WESTON, FL 33331 US**Name and Address of New Registered Agent:**

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: WILSON RESORT GROUP,, LLC
Address: 8505 WEST IRLO BRONSON MEMORIAL HWY.
City-St-Zip: KISSIMMEE, FL 34747

Title: CEOP () Delete
Name: HARILL, DON L
Address: 8505 WEST IRLO BRONSON MEMORIAL HWY
City-St-Zip: KISSIMMEE, FL 34747

Title: EVP () Delete
Name: LOWER, BRIAN T
Address: 8505 WEST IRLO BRONSON MEMORIAL HWY
City-St-Zip: KISSIMMEE, FL 34747

Title: EVP () Delete
Name: NELSON, THOMAS R
Address: 8505 WEST IRLO BRONSON MEMORIAL HWY
City-St-Zip: KISSIMMEE, FL 34747

Title: ST () Delete
Name: CONNOLLY, PATRICK
Address: 8505 WEST IRLO BRONSON MEMORIAL HWY
City-St-Zip: KISSIMMEE, FL 34747

Title: EVP () Delete
Name: ALBERTSON, BOB
Address: 8505 WEST IRLO BRONSON MEMORIAL HWY
City-St-Zip: KISSIMMEE, FL 34747

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: EVP (X) Change () Addition
Name: LOWER, BRIAN T S
Address: 8505 WEST IRLO BRONSON MEMORIAL HWY
City-St-Zip: KISSIMMEE, FL 34747

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: BRIAN T. LOWER

EVP

05/09/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date