

2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M06000003117

FILED
Jan 22, 2010
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
Name: WILSON RESORT GROUP, LLC
Address: 8505 WEST IRLO BRONSON MEMORIAL HWY.
City-St-Zip: KISSIMMEE, FL 34747

Title: PCEO
Name: HARRILL, DON L
Address: 8505 WEST IRLO BRONSON MEMORIAL HWY
City-St-Zip: KISSIMMEE, FL 34747

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

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

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

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

I hereby 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

01/22/2010

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