

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M06000007145

FILED
Jan 20, 2009
Secretary of State

Entity Name: DIRECT ACCESS LLC

Current Principal Place of Business:

650 WHITE DRIVE, #200
LAS VEGAS, NV 89119

New Principal Place of Business:

Current Mailing Address:

650 WHITE DRIVE, #200
LAS VEGAS, NV 89119

New Mailing Address:

FEI Number: 88-0447412

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

NATIONAL REGISTERED AGENT, INC.
2731 EXECUTIVE PARK DRIVE, #4
WESTON, FL 33331 US

Name and Address of New Registered Agent:

NATIONAL REGISTERED AGENT, INC.
2731 EXECUTIVE PARK DRIVE
#4
WESTON, FL 33331 US

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:

01/20/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: UPDIKE, ELDON JOHN
Address: 650 WHITE DRIVE, #200
City-St-Zip: LAS VEGAS, NV 89119

Title: MGR () Delete
Name: MUELLER, BRAD
Address: 650 WHITE DRIVE, #200
City-St-Zip: LAS VEGAS, NV 89119

Title: MGR () Delete
Name: WATSON, SHANE
Address: 650 WHITE DRIVE, #200
City-St-Zip: LAS VEGAS, NV 89119

ADDITIONS/CHANGES:

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: ELDON JOHN UPDIKE

MGR

01/20/2009

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