2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # M07000001896

1. Entity Name
SS TITUSVILLE ACCESS, LLC



Principal Place of Business

Mailing Address

7932 WEST SAND LAKE ROAD, STE. 108 ORLANDO, FL 32819 7932 WEST SAND LAKE ROAD, STE. 108 ORLANDO, FL 32819

FILED Apr 29, 2008 8:00 am Secretary of State

04-29-2008 90025 004 ***138.75

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DO NOT WRITE IN THIS SPACE

04232008 No Chg-LLC CR2E083 (12/07)

12003 (12/07)

4. FEI Number 20-8561237

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

LSBEB AGENT SERVICES, INC. 390 NORTH ORANGE AVENUE, STE. 600 ORLANDO, FL 32801

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	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered	Agent signature required when reinstating)	DATE
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75				
9.	MANAGING MEMBERS/MANAGERS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR O'BRIEN, KURT 7932 WEST SAND LAKE ROAD, STE. 108 ORLANDO, FL 32819			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
NAME STREET ADDRESS CITY-ST-ZIP			DO NO	T WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN THIS	S SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
TITLE NAME STREET ADDRESS				

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 ecopier or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

APR 2/8 7008

407-248-1675

Date

Daytime Phone #