

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M08000005574

FILED
Jun 25, 2009
Secretary of State

Entity Name: ACCESS PERFORMEX, LLC

Current Principal Place of Business:

20 WOODGLEN COURT
OLDSMAR, FL 34677

New Principal Place of Business:

Current Mailing Address:

20 WOODGLEN COURT
OLDSMAR, FL 34677

New Mailing Address:

FEI Number: 38-3793968 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

TRUMPFHELLER, KENNETH D
20 WOODGLEN COURT
OLDSMAR, FL 34677 US

Name and Address of New Registered Agent:

WILLIAMS, MICHAEL V
20 WOODGLEN COURT
OLDSMAR, FL 34677 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: MICHAEL V. WILLIAMS

06/25/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: ACCESS FUND MANAGEMENT, LLC
Address: 20 WOODGLEN COURT
City-St-Zip: OLDSMAR, FL 34677

Title: MGR () Delete
Name: ASSET ALLOCATION CONSULTANTS, LTD.
Address: 20 WOODGLEN COURT
City-St-Zip: OLDSMAR, FL 34677

ADDITIONS/CHANGES:

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

Title: MGR (X) Change () Addition
Name: ASSET ALLOCATION CONSULTANTS, LTD.
Address: 15213 YONGE STREET
City-St-Zip: AURORA, ON L4G 1L8

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: KENNETH D. TRUMPFHELLER

MGRM

06/25/2009

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