2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 28, 2008
Secretary of State

DOCUMENT# L02000024078

Entity Name: THE AXIS GROUP, LLC.

Current Principal Place of Business:

2007 N 23RD STREET
TAMPA, FL 33605 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 76802
TAMPA, FL 33675 US

New Mailing Address:

FEI Number: 13-4207943 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ARNOLD, GREGORY M
2705 MORGAN STREET
TAMPA, FL 33602 US

Name and Address of New Registered Agent:

RICHARD, CUTTER A
2007 NORTH 23RD STREET
TAMPA, FL 33605 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: RICHARD A CUTTER 04/28/2008
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: ADDESSI, JOSHUA E
Address: P. O. BOX 76802
City-St-Zip: TAMPA, FL 33675 US

Title: MGRM ( ) Delete
Name: DONAHUE, CHRISTOPHER D
Address: P. O. BOX 76802
City-St-Zip: TAMPA, FL 33675 US

Title: MGRM ( ) Delete
Name: ARNOLD, GREGORY M
Address: P. O. BOX 76802
City-St-Zip: TAMPA, FL 33675 US

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: CHRISTOPHER DONAHUE CFO 04/28/2008
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date