2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

1. Entity Name THE AXIS GROUP, LLC. Walling Address Mailing Address	UN	03 LIMITED L	IESS REPORT	FILED Apr 11, 2003 8:00 am Secretary of State			
275 MORGAN STREET TAMPA FL 33501 US 2. EPHTOCHAP Place of Business Suite, Api. #, etc. City A State City A S	DOCUMENT # L02000024078 1. Entity Name THE AXIS GROUP, LLC.						
275 MORGAN STREET TAMPA FL 33501 US 2. EPHTOCHAP Place of Business Suite, Api. #, etc. City A State City A S					7		
Suite, Apt. #, etc. City & State Application of Fee Regulard For Name Fee Required speries and the State of Florida. I am familiar with, and accept return of registered agent. Fee Required speries and the	2705 MORGAN STREET 2705 MORGAN STREET TAMPA FL 33604 TAMPA FL 33604			(168)/28((BI) P\$(18 (18)/ 48() P\$(1)	6111 85118 (1811 BIELL BO)11 1	8891 LB11 LB21	
Suite, Apt. #, etc. City & State Application of Fee Regulard For Name Fee Required speries and the State of Florida. I am familiar with, and accept return of registered agent. Fee Required speries and the	2. Principal P	lace of Business	3. Mailing Address				
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Signature Signat	City & State		City & State		•	A	pplied For
G. Name and Address of Current Registered Agent ARNOLD, GREGORY M 2705 MORGAN STREET TAMPA FL 33602 City FL Zip Code 6. The above named entity submits this statement for the purpose of changing its registored office or registered agent, or both, in the State of Florida. I am familiar with, and accept when obligations of registered agent. SIGNATURE WARRED MANAGING MEMBERS / MANAGERS MANAGER ADDITIONS / CHANGES CITY-51-2P TAMPA FL 33604 Delete TILE MARR MARR MARR MARR MARR MANAGING MEMBERS / MANAGERS CITY-51-2P TAMPA FL 33604 Delete TILE MARR MANAGING MEMBERS / MANAGERS CITY-51-2P TILE MARR	Zip > 2 /	Country	~ ~ Zip ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~	Country	13 4201943	- 4 - 45:00:	
ARNOLD, GREGORY M 2705 MORGAN STREET TAMPA FL 33602 City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its replatered office or registered agent, or both, in the State of Florida. I am familiar with, and accept he boligations of registered agent. Signature, hybeid or perted nerve of replatered agent and list if applicable. PILE NOW!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2003 9. MANAGING MEMBERS /MANAGERS 10. ADDITIONS / CHANGES SIRET ADDRESS 2705 MORGAN ST 071-51.2P TILE MGRM ADDESSI, JOSHUA E 2705 MORGAN ST 071-51.2P TILE MGRM ADDESSI, JOSHUA E 2705 MORGAN ST 071-51.2P TAMPA FL 33604 TILE MGRM Delete TILE MGRM AME STREET ADDRESS 071-51-2P TAMPA FL 33604 TAMPA FL 33604 TILE MGRM MARE Delete TILE MGRM MARE STREET ADDRESS 071-51-2P TAMPA FL 33604 TILE MARE STREET ADDRESS 071-51-2P TILE MARE MARE STREET ADDRESS 071-51-2P TILE MARE MARE MARE MARE MARE MARE MARE MAR	336					Fee Require	
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6. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept ribe obligations of registered agent. SIGNATURE Display	2705 MORGAN STREET			Street Addres	Street Address (P.O. Box Number is Not Acceptable)		
6. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, types or served review of registered agent and the it applicable. PATE Registered Agent agentus required from the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the the obligations of registered agent. SIGNATURE Signature, types or served review of registered agent and the it applicable. PATE Registered Agent agentus required from the state of Florida Department of State Due By May 1, 2003 9. MANAGING MEMBERS / MANAGERS 10. ADDITIONS / CHANGES THE MANE ADDESS, JOSHUA E SIRET ADDRESS CITY-ST-2P TAMPA FL 33604 TITLE MARE MARE MARE MARE MARE MARE MARE MARE MARE MARE SIRET ADDRESS CITY-ST-2P TITLE MARE SIRET ADDRESS CITY-ST-2P TIT		PA FL 33602					
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9. MANAGING MEMBERS MANAGERS TITLE MGRM ADDESSI, JOSHUA E STREET ADDRESS CITY-ST-ZIP TAMPA FL 33604 TITLE MGRM DONAHUE, CHRISTOPHER D 2705 MORGAN ST TAMPA FL 33604 TITLE MMCRM STREET ADDRESS CITY-ST-ZIP TAMPA FL 33604 TITLE MMCRM STREET ADDRESS CITY-ST-ZIP TITLE MAME STREET ADDRESS CITY-ST			FILE NO Make Check Payabi	OW!!! FEE IS \$50.00 le to Florida Departn	0	DATE	
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information	STREET ADDRESS CITY-ST-ZIP						}
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 receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.	11. I hereby of indicated	on this report is true and accurate a	nd that my signature shall have t	the exemption stated in the same legal effect as it	f made under oath; that I am a managin	urther certify that the g member or manage	information er of the

MANAGER, OR AUTHORIZED REPRESENTATIVE