2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 03, 2006
Secretary of State

DOCUMENT# L05000004326

Entity Name: AXIS LLC

Current Principal Place of Business:

4465 PACKARD AVE
ST CLOUD, FL 34772 US

New Principal Place of Business:

1504 E. OAK LEAF LANE
KISSIMMEE, FL 34744 US

Current Mailing Address:

4417 13TH ST
#193
ST. CLOUD, FL 34769 US

New Mailing Address:

1504 E. OAK LEAF LANE
KISSIMMEE, FL 34744 US

FEI Number: 26-0105503 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CUMMINGS, ANTHONY D
4417 13TH ST
#193
ST. CLOUD, FL 34760 US

Name and Address of New Registered Agent:

MCCOY, DONALD L
1504 E. OAK LEAF LANE
KISSIMMEE, FL 34744 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: DONALD L. MCCOY 04/03/2006
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: MCCOY, DONALD L
Address: 4465 PACKARD AVE
City-St-Zip: ST CLOUD, FL 34772 US

Title: MGR (X) Delete
Name: CUMMINGS, ANTHONY D
Address: 4417 13TH ST
City-St-Zip: ST CLOUD, FL 34769 US

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: MCCOY, DONALD L
Address: 1504 E OAK LEAF LANE
City-St-Zip: KISSIMMEE, FL 34744 US

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

I hereby certify that the information supplied with this filing does not qualify for the 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: DONALD L. MCCOY MGR 04/03/2006
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date