

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000004326

FILED
May 02, 2008
Secretary of State

Entity Name: AXIS LLC

Current Principal Place of Business:

1504 E. OAK LEAF LANE
KISSIMMEE, FL 34744 US

New Principal Place of Business:

875 S. CANOE CREEK RD.
KENANSVILLE, FL 34739 US

Current Mailing Address:

1504 E. OAK LEAF LANE
KISSIMMEE, FL 34744 US

New Mailing Address:

875 S. CANOE CREEK RD.
KENANSVILLE, FL 34739 US

FEI Number: 26-0105503 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:

MCCOY, DONALD L
1504 E. OAK LEAF LANE
KISSIMMEE, FL 34744 US

Name and Address of New Registered Agent:

MCCOY, DONALD L
875 S. CANOE CREEK RD.
KENANSVILLE, FL 34739 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

05/02/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

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

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: MCCOY, DONALD L
Address: 875 S. CANOE CREEK RD.
City-St-Zip: KENANSVILLE, FL 34739 US

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: DONALD L. MCCOY

MGR

05/02/2008

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