
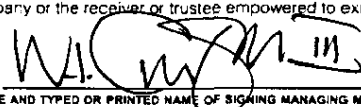


FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 92180 040 ****50.00

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # L02000017427			
1. Entity Name Axis Land Group, LLC			
DO NOT WRITE IN THIS SPACE			
2. Principal Place of Business 1301 Riverplace Blvd.		3. Mailing Address 1301 Riverplace Blvd.	
Suite, Apt. #, etc. Suite 1500		Suite, Apt. #, etc. Suite 1500	
City & State Jacksonville, Florida		City & State Jacksonville, Florida	
Zip 32207	Country USA	Zip 32207	Country USA
4. FEI Number		<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
7. Name and Address of Current Registered Agent			
Name Curley, Charles R. Jr., Esq.			
Street Address (P.O. Box Number is Not Acceptable) 1301 Riverplace Blvd., Suite 1500			
City Jacksonville		FL Zip Code 32207	
8. 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>			
		FEE IS \$50.00 Make Check Payable to Florida Department of State DUE BY MAY 1	
9. MANAGING MEMBERS/MANAGERS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Colure Developments, Inc. 1301 Riverplace Blvd., Suite 1500	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Jacksonville, Florida 32207	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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 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.			
SIGNATURE: 		William I. Gulliford, Auth. Rep. 4/30/03 904-384-6200	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	

CR2E083B (12/02)