
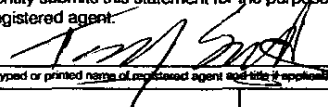
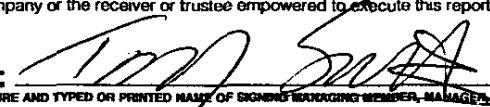


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 06, 2004 8:00 am
Secretary of State

04-06-2004 90128 015 ****50.00

DOCUMENT # L03000028716 1. Entity Name AXIOS DEVELOPMENT & INVESTMENTS, LLC					
Principal Place of Business 8766 NELSON LANE GLEN ST. MARY, FL 32040			Mailing Address 8766 NELSON LANE GLEN ST. MARY, FL 32040		
2. Principal Place of Business		3. Mailing Address P.O. Box 896			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State Glen St Mary, FL		4. FEI Number 20-0122652	
Zip 32040		Country U.S.A.		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent BARLEY, DAVID 4887 BELFORT ROAD, STE. 201 JACKSONVILLE, FL 32256				7. Name and Address of New Registered Agent Name Tonya J. Smith Street Address (P.O. Box Number is Not Acceptable) 8766 Nelson Lane City Glen St. Mary FL Zip Code 32040	
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 3/23/04 <small>(NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$50.00 Due by May 1, 2004		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SMITH, TONYA 8766 NELSON LANE GLEN ST. MARY, FL 32040 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: 			3/23/04 (904) 382-5903		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING INDUSTRY MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					

Tonya J. Smith