2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 01, 2006
Secretary of State

DOCUMENT# L04000053971

Entity Name: AXIOM USA LLC

Current Principal Place of Business:

3172 WOOD STREET
SARASOTA, FL 34237

New Principal Place of Business:

Current Mailing Address:

5303 SIESTA COVE
SARASOTA, FL 34242

New Mailing Address:

FEI Number: 55-0888749 **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:

ZUCHELLI, RITA K
5303 SIESTA COVE DRIVE
SARASOTA, FL 34242 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: ZUCHELLI, RITA
Address: 13 STAFFORD COURT
City-St-Zip: STERLING, VA 20165

Title: MGRM ( ) Delete
Name: ZUCHELLI, DAMON
Address: 3172 WOOD STREET
City-St-Zip: SARASOTA, FL 34237

Title: MGRM ( ) Delete
Name: ZUCHELLI, DEVON
Address: 3172 WOOD STREET
City-St-Zip: SARASOTA, FL 34237

ADDITIONS/CHANGES:

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

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

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: RITA K. ZUCHELLI MGRM 07/01/2006

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