2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L04000062775

1. Entity Name

AXIOM DEVELOPMENT/WINGATE VIEW, L.L.C.



Principal Place of Business

101-A BUSINESS CENTRE DRIVE DESTIN, FL 32550

Mailing Address

101-A BUSINESS CENTRE DRIVE DESTIN, FL 32550

50007368



FILED Jun 23, 2008 8:00 am

Secretary of State

06-23-2008 90155 008 ***538.75

02272008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 20-1813315

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

LEUCHTMAN, GARY B 501 COMMENDENCIA STREET PENSACOLA, FL 32502

CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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	e named entity submits this statement for the purpose of char tions of registered agent.	nging its registere	d office or registered agent, or both, in the St	ate of Florida. I am familiar with, and acce	pt
SIGNATURE.					
	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered	Agent signature required when reinstating)	DATE	
	E NOWIII-FEE IS \$138.75 y 1, 2008 Fee will be \$538.75				
9.	MANAGING MEMBERS/MANAGERS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR AXIOM CAPITAL GROUP, LLC 101-A BUSINESS CENTRE DR. DESTIN, FL 32550				
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP			DO NO	T WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN THIS	SPACE	
TITLE NAME STREET ADDRESS					

11. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, 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 flability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: William William

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Daytime Phone #