2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 20, 2008
Secretary of State

DOCUMENT# L04000065217

Entity Name: AXIS BUSINESS PRODUCTS, LLC

Current Principal Place of Business:

1110 BRICKELL AVENUE
SUITE 700
MIAMI, FL 33131

New Principal Place of Business:

1110 BRICKELL AVENUE
SUITE 310
MIAMI, FL 33131

Current Mailing Address:

C/O MARK E. FRIED, P.A.
1110 BRICKELL AVENUE, SUITE 700
MIAMI, FL 33131

New Mailing Address:

C/O MARK E. FRIED, 1110 BRICKELL AVE
SUITE 310
MIAMI, FL 33131

FEI Number: 20-1722935 **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:

FRIED, MARK E
1110 BRICKELL AVENUE
SUITE 700
MIAMI, FL 33131 US

Name and Address of New Registered Agent:

FRIED, MARK E
1110 BRICKELL AVENUE
SUITE 310
MIAMI, FL 33131 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: MARK E. FRIED 08/20/2008
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: CORREA B., RAFAEL
Address: 1200 WEST AVENUE
City-St-Zip: MIAMI BEACH, FL 33131

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: CORREA, RAFAEL
Address: 1200 WEST AVENUE
City-St-Zip: MIAMI BEACH, FL 33131

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: RAFAEL CORREA MGR 08/20/2008
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date