

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000066211

FILED  
Apr 24, 2007  
Secretary of State

**Entity Name:** AXIOM DEVELOPMENT/INDIAN LAKE, L.L.C.

**Current Principal Place of Business:**

101-A BUSINESS CENTRE DRIVE  
DESTIN, FL 32550

**New Principal Place of Business:**

**Current Mailing Address:**

101-A BUSINESS CENTRE DRIVE  
DESTIN, FL 32550

**New Mailing Address:**

**FEI Number:** 20-2111607

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

LEUCHTMAN, GARY B  
501 COMMENDENCIA STREET  
PENSACOLA, FL 32502 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: O'NEAL, ALAN M  
Address: 101-A BUSINESS CENTRE DRIVE  
City-St-Zip: DESTIN, FL 32550

Title: MGRM (X) Delete  
Name: SMITH, WILLIAM H  
Address: 101-A BUSINESS CENTRE DR  
City-St-Zip: DESTIN, FL 32550

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: PELICAN PROPERTIES O, F SOUTH WALTON COUNTY  
Address: 42 BUSINESS CENTRE DR, SUITE 106  
City-St-Zip: DESTIN, FL 32550

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: ALAN O'NEAL

REP

04/24/2007

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