

**2005 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 12, 2005 8:00 am**  
**Secretary of State**

04-12-2005 90015 012 \*\*\*\*50.00

DOCUMENT # L04000067017  
 1. Entity Name  
 AXOTAL, LLC



Principal Place of Business  
 10220 SW 20TH STREET  
 DAVIE, FL 33324

Mailing Address  
 10220 SW 20TH STREET  
 DAVIE, FL 33324

2. Principal Place of Business  
 3949 E. Hibiscus St

3. Mailing Address  
 3949 E. Hibiscus St

Suite, Apt. #, etc.



03252005 Chg-LLC CR2E083 (10/03)

City & State  
 Weston, FL

City & State  
 Weston, FL

Zip  
 33332

Country

4. FEI Number  
 55-0880641

Applied For  
 Not Applicable

5. Certificate of Status Desired  \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

CHERIAN, SAMUEL  
 10220 SW 20TH STREET  
 DAVIE, FL 33324

7. Name and Address of New Registered Agent

Name  
 Cherian Samuel

Street Address (P.O. Box Number is Not Acceptable)  
 3949 E Hibiscus St

City  
 Weston

FL Zip Code  
 33332

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 *Cherian Samuel* DATE 4/6/05

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$50.00 Due by May 1, 2005

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE MGR	CHERIAN, SAMUEL <input type="checkbox"/> Delete	TITLE MGR	Cherian Samuel <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 10220 SW 20TH STREET		STREET ADDRESS 3949 E. Hibiscus St.	
CITY-ST-ZIP DAVIE, FL 33324		CITY-ST-ZIP Weston, FL 33332	
TITLE MGR	SAMUEL, SHIRLEY <input type="checkbox"/> Delete	TITLE MGR	Shirley Samuel <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 10220 SW 20TH STREET		STREET ADDRESS 3949 E. Hibiscus St	
CITY-ST-ZIP DAVIE, FL 33324		CITY-ST-ZIP Weston, FL 33332	
TITLE MGRM	TORADOL LIMITED PARTNERSHIP <input type="checkbox"/> Delete	TITLE MGRM	Toradol Limited Partnership <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 10220 SW 20TH STREET		STREET ADDRESS 3949 E. Hibiscus St.	
CITY-ST-ZIP DAVIE, FL 33324		CITY-ST-ZIP Weston, FL 33332	
TITLE NAME	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: *Cherian Samuel* DATE 4/6/05 9545519807

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #