

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 08, 2006 8:00 am
Secretary of State

06-08-2006 90171 022 ***450.00

DOCUMENT # L04000067017

1. Entity Name
AXOTAL, LLC



Principal Place of Business
**3949 E. HIBISCUS ST
 WESTON, FL 33332**

Mailing Address
**3949 E. HIBISCUS ST
 WESTON, FL 33332**

2. Principal Place of Business
11406 Canyon Maple Blvd

3. Mailing Address
11406 Canyon Maple Blvd

Suite, Apt. #, etc.

City & State
Davie, FL

City & State
Davie, FL

Zip
33330

Country

Zip
33330

Country



02012006 Chg-LLC CR2E083 (11/05)

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
 3949 E. HIBISCUS ST
 WESTON, FL 33332**

7. Name and Address of New Registered Agent

Name
Cherian Samuel

Street Address (P.O. Box Number is Not Acceptable)
11406 Canyon Maple Blvd

City
Davie

State
FL

Zip Code
33330

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

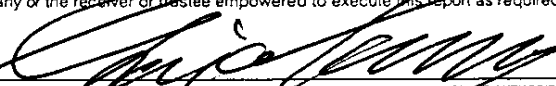
**Filing Fee is \$50.00
 Due by May 1, 2006**

Make check payable to
Florida Department of State

9. MANAGING MEMBERS / MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CHERIAN, SAMUEL 3949 E. HIBISCUS ST. WESTON, FL 33332	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SAMUEL, SHIRLEY 3949 E. HIBISCUS ST. WESTON, FL 33332	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM TORADOL LIMITED PARTNERSHIP 3949 E. HIBISCUS ST. WESTON, FL 33332	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS / CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Cherian Samuel 11406 Canyon Maple Blvd Davie, FL 33330	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Shirley Samuel 11406 Canyon Maple Blvd Davie, FL 33330	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Toradol Limited Partnership 11406 Canyon Maple Blvd Davie, FL 33330	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing 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 liability company or the receiver or trustee empowered to execute this report as required by Chapter 606, Florida Statutes.

SIGNATURE:  DATE: **4/08/06** DAYTIME PHONE: **954-724-2859**

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