

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 04, 2005 8:00 am
Secretary of State

05-04-2005 90048 028 ****50.00

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DOCUMENT # L04000075300 1. Entity Name AXIOM DEVELOPMENT/WALTON WAY II, 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		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	01212005 Chg-LLC CR2E083 (10/03)	
4. FEI Number 20-1768508				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required					
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
LEUCHTMAN, GARY B 501 COMMENDENCIA STREET PENSACOLA, FL 32502			Name Str Neese, Herman L. Jr. 101-A Business Centre Drive City Destin, FL 32550		
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 <u><i>Herman L. Neese Jr.</i></u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>			DATE <u>4/29/05</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>		
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	MGRM LEUCHTMAN, GARY B <input checked="" type="checkbox"/> Delete		TITLE	MGR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	LEUCHTMAN, GARY B		NAME	Axiom Capital Group, LLC	
STREET ADDRESS	501 COMMENDENCIA STREET		STREET ADDRESS	101-A Business Centre Drive	
CITY-ST-ZIP	PENSACOLA, FL 32502		CITY-ST-ZIP	Destin, FL 32550	
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
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NAME			NAME		
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: <u><i>Herman L. Neese Jr.</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			Authorized Rep. <u>4/26/05</u> 8502692678 <small>Date Daytime Phone #</small>		