

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

05-04-2005 90048 025 \*\*\*\*50.00

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|   |                                 |  |  |  |  |
|---|---------------------------------|--|--|--|--|
| <b>DOCUMENT # L04000078380</b><br>1. Entity Name<br>AXIOM CAPITAL II, L.L.C.  |                                 |  |  |  |  |
| Principal Place of Business<br>101-A BUSINESS CENTRE DRIVE<br>DESTIN, FL 32550  |                                 |  | Mailing Address<br>101-A BUSINESS CENTRE DRIVE<br>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  |  |  |
| 6. Name and Address of Current Registered Agent   |                                 |  | 7. Name and Address of New Registered Agent  |  |  |
| LEUCHTMAN, GARY B<br>501 COMMENDENCIA STREET<br>PENSACOLA, FL 32502   |                                 |  | Name<br>Neese, Herman L. Jr.<br>Street<br>101-A Business Centre Drive<br>Destin, FL 32550<br>City<br>FL Zip Code |  |  |
| 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.<br>SIGNATURE <u>Herman L. Neese Jr.</u> DATE <u>4/29/05</u><br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>  |                                 |  |  |  |  |
| <b>Filing Fee is \$50.00</b><br><b>Due by May 1, 2005</b>   |                                 | <b>Make check payable to</b><br><b>Florida Department of State</b> |  |  |  |
| 9. MANAGING MEMBERS/MANAGERS  |                                 |  | 10. ADDITIONS/CHANGES  |  |  |
| TITLE   | <input type="checkbox"/> Delete |  | TITLE  | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |  |
| NAME  |                                 |  | NAME   | MGAM ALAN M. O'NEAL  |  |
| STREET ADDRESS  |                                 |  | STREET ADDRESS   | 101-A Business Centre Dr.  |  |
| CITY-ST-ZIP   |                                 |  | CITY-ST-ZIP  | Destin FL 32550  |  |
| TITLE   | <input type="checkbox"/> Delete |  | TITLE  | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |  |
| NAME  |                                 |  | NAME   | MGAM William H. Smith  |  |
| STREET ADDRESS  |                                 |  | STREET ADDRESS   | 101-A Business Centre Dr.  |  |
| CITY-ST-ZIP   |                                 |  | 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   |  |  |
| 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>Herman L. Neese Jr.</u><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>   |                                 |  | Authorized Rep. <u>4/26/05</u> 8502692678<br><small>Date Daytime Phone #</small>                                 |  |  |