2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 24, 2007
Secretary of State

DOCUMENT# L05000044175

Entity Name: AXIS DESIGN, LLC

Current Principal Place of Business:

1500 MORENO AVE.
FT. MYERS, FL 33901 US

New Principal Place of Business:

Current Mailing Address:

1500 MORENO AVE.
FT. MYERS, FL 33901 US

New Mailing Address:

FEI Number: 01-0835750 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GALLAWAY, RYAN W
1500 MORENO AVE.
FT. MYERS, FL 33901 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: MGR ( ) Delete
Name: GALLAWAY, RYAN W
Address: 1500 MORENO AVE.
City-St-Zip: FT. MYERS, FL 33901 US

Title: MGR ( ) Delete
Name: GALLAWAY, RACHEL
Address: 1500 MORENO AVE.
City-St-Zip: FT. MYERS, FL 33901 US

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: MGR (X) Change ( ) Addition
Name: GALLAWAY, RACHEL L
Address: 1500 MORENO AVE.
City-St-Zip: FT. MYERS, FL 33901 US

Title: MGR ( ) Change (X) Addition
Name: GALLAWAY, ANDREA F
Address: 1500 MORENO AVE
City-St-Zip: 2117 GRACE AVE, FL 33901 US

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: ANDREA GALLAWAY MGR 01/24/2007

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