


FILED
Mar 27, 2008 8:00 am
Secretary of State

02-26-2008 90036 025 ***138.75

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L05000062939 1. Entity Name ALEXIS CAPITAL, LLC	
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Principal Place of Business 1618 MAHAN CENTER BLVD. STE. 103 TALLAHASSEE, FL 32308	Mailing Address 1618 MAHAN CENTER BLVD. STE. 103 TALLAHASSEE, FL 32308
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30002834



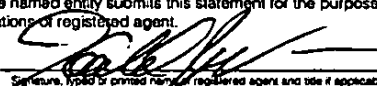
02042008 No Chg-LLC CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-1376885	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 PALMER, WALDO H JR. 1618 MAHAN CENTER BLVD. STE. 103 TALLAHASSEE, FL 32308
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**DO NOT WRITE
IN THIS SPACE**

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: 	DATE: 2/18/08
<small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small>	

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$638.75

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DEAN, ROBERT C 1618 MAHAN CENTER BLVD. STE. 103 TALLAHASSEE, FL 32308
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PALMER, WALDO H JR. 1618 MAHAN CENTER BLVD. STE. 103 TALLAHASSEE, FL 32308
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 608, Florida Statutes.

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

Date: **3/11/08** Daytime Phone #