2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 04, 2008
Secretary of State

DOCUMENT# L05000100295

Entity Name: THE AXIS GROUP, LLC

Current Principal Place of Business:

3927 SPRING CREEK HIGHWAY
CRAWFORDVILLE, FL 32327

New Principal Place of Business:

49 CHRISTY LANE
SOPCHOPPY, FL 32358

Current Mailing Address:

1423 DOE CREEK ROAD
BUTLER, TN 37640

New Mailing Address:

1423 DOE CREEK RD
BUTLER, TN 37640

FEI Number: 27-0131416 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

WELLS, CONNI J
3927 SPRING CREEK HWY
CRAWFORDVILLE, FL 32327 US

Name and Address of New Registered Agent:

WELLS, CONNI J
49 CHRISTY LANE
SOPCHOPPY, FL 32358 US

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: 04/04/2008
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: WELLS, CONNI J
Address: 3927 SPRING CREEK HWY
City-St-Zip: CRAWFORDVILLE, FL 32327

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: WELLS, CONNI J
Address: 49 CHRISTY LANE
City-St-Zip: SOPCHOPPY, FL 32358

I hereby certify that the information supplied with this filing does not qualify 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: CONNI J WELLS MM 04/04/2008
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date