2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 02, 2007 8:00 am
Secretary of State
04-02-2007 90434 018 ***150.00

DOCUMENT # L05000101953

1. Entity Name
AXIS 3721 LLC

Principal Place of Business	Mailing Address
9029 OLD PINE RD. BOCA RATON FL 33428	9029 OLD PINE RD. BOCA RATON FL 33428

1st MOORE CR2E083 (10/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
AXIS 3721 LLC	AXIS 3721 LLC
Suite, Apt. #, etc. 10109 Cobblestone Creek DR	Suite, Apt. #, etc. 10109 Cobblestone Creek Dr.
City & State Boynton Beach, FL	City & State Boynton Beach, FL
Zip 33437 Country USA	Zip 33437 Country USA

4. FEI Number 56-2536005 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ANTON, JOANN 9029 OLD PINE RD. BOCA RATON FL 33428	Name: Joann Anton Street Address (P.O. Box Number is Not Acceptable): 10109 Cobblestone Creek Dr City: Boynton Beach FL Zip Code: 33437

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: Joann L. Anton Joann L. Anton - MGR 3/20/07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2007

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR ANTON, JOANN 9029 OLD PINE RD. BOCA RATON FL 33428	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR Joann Anton 10109 Cobblestone Creek Dr. Boynton Beach, FL 33437 ☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR ANTON, KEVIN 9029 OLD PINE RD. BOCA RATON FL 33428	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR. Kevin Anton 10109 Cobblestone Creek Dr Boynton Beach, FL 33437 ☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR HIMAYA-DELAROSA, MICHELLE 125 AUTUMN DR HAUPPAUGE NY 11788	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR DELAROSA, ERIC 125 AUTUMN DR HAUPPAUGE NY 11788	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Joann L. Anton Joann L. Anton - Manager 3/20/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date

561-706-6493
Daytime Phone #