

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000095792

Entity Name: AXOR INVESTMENTS LLC

FILED
May 25, 2008
Secretary of State

Current Principal Place of Business:

13368 GEORGIAN CT
WELLINGTON, FL 33414

New Principal Place of Business:

1676 ORCHID BEND
WESTON, FL 33327

Current Mailing Address:

13368 GEORGIAN CT
WELLINGTON, FL 33414

New Mailing Address:

1676 ORCHID BEND
WESTON, FL 33327

FEI Number: 20-5646942

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

D'ELIA, VINCENZO MR
13368 GEORGIAN CT
WELLINGTON, FL 33414 US

Name and Address of New Registered Agent:

D'ELIA, VINCENZO MR
1676 ORCHID BEND
WESTON, FL 33327 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:

05/25/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: D'ELIA, VINCENZO
Address: 13368 GEORGIAN CT
City-St-Zip: WELLINGTON, FL 33414

Title: MGRM () Delete
Name: PEPE, ASUNTA
Address: 13368 GEORGIAN CT
City-St-Zip: WELLINGTON, FL 33414

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: D'ELIA, VINCENZO
Address: 1676 ORCHID BEND
City-St-Zip: WESTON, FL 33327

Title: MGRM (X) Change () Addition
Name: PEPE, ASUNTA
Address: 1676 ORCHID BEND
City-St-Zip: WESTON, FL 33327

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: VINCENZO D'ELIA

MGRM

05/25/2008

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