2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 20, 2005
Secretary of State

DOCUMENT# M02000003029

Entity Name: AXIOM INTERMEDIARIES LLC

Current Principal Place of Business:

940 GOLF HOUSE ROAD WEST
STONEY CREEK, NC 27377

New Principal Place of Business:

940 GOLF HOUSE ROAD WEST
SUITE 300
STONEY CREEK, NC 27377

Current Mailing Address:

940 GOLF HOUSE ROAD WEST
STONEY CREEK, NC 27377

New Mailing Address:

940 GOLF HOUSE ROAD WEST
SUITE 300
STONEY CREEK, NC 27377

FEI Number: 56-2209987 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

REX, MARK
300 FIRST AVENUE SOUTH, STE 406
ST. PETERSBURG, FL 33701 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/MEMBERS:

Title: MGRM ( ) Delete
Name: JOHNSON, HORACE M JR.
Address: 809 KIMBERLY COURT
City-St-Zip: BURLINGTON, NC 27215

ADDITIONS/CHANGES:

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: HORACE M. JOHNSON, JR. MGRM 01/20/2005

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