2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 12, 2004 08:00 AM
Secretary of State

DOCUMENT # L01000010515

1. Entity Name
STILL WAVE, L.L.C.

Principal Place of Business	Mailing Address
1908 OSCEOLA PARKWAY KISSIMMEE, FL 34743 US	1908 OSCEOLA PARKWAY KISSIMMEE, FL 34743 US

01072004No Chg-LLC CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1117654
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

GONCALVEZ, GREGORIO H
1908 E OSCEOLA PKWY
KISSIMMEE, FL 34743

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
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by May 1, 2004

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	ADMINISTRADORA ANYOGRELI II, C.A.
STREET ADDRESS	1908 OSCEOLA PARKWAY
CITY-ST-ZIP	KISSIMMEE, FL 34743
TITLE	MGRM
NAME	HENRIQUES GONCALVES, ANGELA MARIA
STREET ADDRESS	1908 OSCEOLA PARKWAY
CITY-ST-ZIP	KISSIMMEE, FL 34743
TITLE	MGRM
NAME	GONCALVEZ, GREGORIO H
STREET ADDRESS	1908 E OSCEOLA PKWY
CITY-ST-ZIP	KISSIMMEE, FL 34743
TITLE	MGRM
NAME	GONCALVEZ, LILLA H
STREET ADDRESS	1908 E OSCEOLA PKWY
CITY-ST-ZIP	KISSIMMEE, FL 34743
TITLE	MGRM
NAME	HENRIQUEZ, MARIA
STREET ADDRESS	1908 E OSCEOLA PKWY
CITY-ST-ZIP	KISSIMMEE, FL 34743
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000002847
01/13/04-80031-008 50.00

DO NOT WRITE IN THIS SPACE

11. I hereby certify that the information supplied with this filing does not qualify 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 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 Daytime Phone #