


2004 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

| | |
|-------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| DOCUMENT # L01000010515 1. Entity Name STILL WAVE, L.L.C. |  |
|-------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|

FILED

04 JUL 12 PM 2:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



| | |
|----------------------------------------------------------------------------------|----------------------------------------------------------------------|
| Principal Place of Business 1908 E. OSCEOLA PARKWAY KISSIMMEE, FL 34743 US | Mailing Address 1908 E. OSCEOLA PARKWAY KISSIMMEE, FL 34743 US |
|----------------------------------------------------------------------------------|----------------------------------------------------------------------|

| | |
|----------------------------------------------------------------------------|----------------------------------------------------------------|
| 2. Principal Place of Business 13243 SOBRADO DR. Suite, Apt. #, etc. | 3. Mailing Address 13243 SOBRADO DR. Suite, Apt. #, etc. |
|----------------------------------------------------------------------------|----------------------------------------------------------------|

07052004 Chg-LLC CR2E083 (10/03)

| | | | |
|----------------------------------|----------------------------------|--------------|----------------|
| City & State ORLANDO, FLORIDA | City & State ORLANDO, FLORIDA | | |
| Zip 32837 | Country USA | Zip 32837 | Country USA |

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

| | |
|-----------------------------------------------------------|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |
|-----------------------------------------------------------|---------------------------------------|

| | |
|-----------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 6. Name and Address of Current Registered Agent GONCALVEZ, GREGORIO H 1908 E OSCEOLA PKWY KISSIMMEE, FL 34743 | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code |
|-----------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

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 |
|-----------|------|

| | | |
|------------------------------|--|--------------------------------------------------------------|
| Amended AR is \$50.00 | | Make check payable to Florida Department of State |
|------------------------------|--|--------------------------------------------------------------|

| 9. MANAGING MEMBERS/MANAGERS | |
|------------------------------|--------------------------------------|
| TITLE | MGRM <input type="checkbox"/> Delete |
| NAME | ADMINISTRADORA ANYOGRELI II, C.A. |
| STREET ADDRESS | 1908 OSCEOLA PARKWAY |
| CITY-ST-ZIP | KISSIMMEE, FL 34743 |
| TITLE | MGRM <input type="checkbox"/> Delete |
| NAME | HENRIQUES GONCALVES, ANGELA MARIA |
| STREET ADDRESS | 1908 OSCEOLA PARKWAY |
| CITY-ST-ZIP | KISSIMMEE, FL 34743 |
| TITLE | MGRM <input type="checkbox"/> Delete |
| NAME | GONCALVEZ, LILLA H |
| STREET ADDRESS | 1908 E OSCEOLA PKWY |
| CITY-ST-ZIP | KISSIMMEE, FL 34743 |
| TITLE | MGRM <input type="checkbox"/> Delete |
| NAME | HENRIQUEZ, MARIA |
| STREET ADDRESS | 1908 E OSCEOLA PKWY |
| CITY-ST-ZIP | KISSIMMEE, FL 34743 |
| TITLE | <input type="checkbox"/> Delete |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

| 10. ADDITIONS/CHANGES | |
|-----------------------|-----------------------------------------------------------------------------------|
| TITLE | MGRM <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | GREGORIO HENRIQUES |
| STREET ADDRESS | 13243 SOBRADO DR. |
| CITY-ST-ZIP | ORLANDO, FL 32837 |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | 700039535967 |
| STREET ADDRESS | 07/26/04--01069--002 **50.00 |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

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 | 07/05/04 | 321-2316991 |
|-----------|----------|-------------|