

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 07, 2005 8:00 am
Secretary of State

02-07-2005 90278 030 ****50.00

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

Principal Place of Business 13243 SOBRADO DR. ORLANDO, FL 32837 US	Mailing Address 13243 SOBRADO DR. ORLANDO, FL 32837 US
--	--

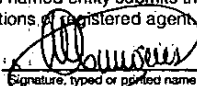
2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

01052005 Chg-LLC CR2E083 (10/03)	
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	
---	--

7. Name and Address of New Registered Agent Name GREGORIO H. HENRIQUES G. Street Address (P.O. Box Number is Not Acceptable) 13243 SOBRADO DR. City ORLANDO FL Zip Code 32837	
---	--

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  **GREGORIO HENRIQUES HGRM.** DATE **01/11/05**

(NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$50.00 Due by May 1, 2005	InfoDirect System FOLD DEPARTMENT OF STATE
---	---

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ADMINISTRADORA ANYOGRELI II, C.A. 1908 OSCEOLA PARKWAY KISSIMMEE, FL 34743 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HENRIQUES GONCALVES, ANGELA MARIA 1908 OSCEOLA PARKWAY KISSIMMEE, FL 34743 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GONCALVEZ, LILLIA H 1908 E OSCEOLA PKWY KISSIMMEE, FL 34743 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HENRIQUEZ, MARIA 1908 E OSCEOLA PKWY KISSIMMEE, FL 34743 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HENRIQUES, GREGORIO 1908 E. OSCEOLA PARKWAY KISSIMMEE, FL 34743 ☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HENRIQUES, GREGORIO 13243 SOBRADO DR. ORLANDO, FL 32837 ☐ Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ADMINISTRADORA ANYOGRELI II, C.A. CALLE EL PIACER 97B ANYOGRELI CHARALLAVE. EDO. MIRANDA. 1210. VENEZUELA ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HENRIQUES GONCALVES, ANGELA MARIA C. GUSTAVO FARRERA CONS. RES. EL CAMPO B P. 3 AP 33 CHARALLAVE-MIRANDA-1210. VENEZUELA. ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GONCALVEZ, LILLIA H. ESQ. PALO BLANCO A STO. TOMAS RES BESU PISO 3 AP. 32 CARACAS - DTD. CAPITAL. 1010. VENEZUELA. ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HENRIQUEZ, MARIA C. GAUCHO AROCHA #56 URB. COLINAS DE STA. ROSA CHARALLAVE-MIRANDA-1210. VENEZUELA. ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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 exemption stated in Section 19.07(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 