


**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Mar 10, 2008 8:00 am**  
**Secretary of State**

03-10-2008 90332 022 \*\*\*138.75

**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 - No P.O. Box #  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

City & State  
 Zip Country

4. FEI Number  
**65-1117654**

Applied For  
 Not Applicable

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



02212008 Chg-LLC CR2E083 (12/06)

**6. Name and Address of Current Registered Agent**

**HENRIQUES, GREGORIO H**  
**13243 SOBRADO DR**  
**ORLANDO, FL 32837**

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

**Make check payable to**  
**Florida Department of State**


**9. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ADMINISTRADORA ANYOGRELI II, C.A. CANE EL PIACER QTA. ANYOGRELI CHARALLAVE EDO MIRANDA VZ, 1210	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HENRIQUES GONCALVES, ANGELA MARIA C GUSTAVO FARRERA CONS RES EL CAMPITO CHARALLAVE MIRANDA VZ, 3AP33	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GONCALVEZ, LILLA H CSQ PALO BLANCO A ST. TOYAS RES BESCU PISO CARACAS DIJO CAPITAL 1010 VZ, 3AP32	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HENRIQUEZ, MARIA C GHUCHO AROCHA #56 URB COLINAS DC ST ROSA CHARALLAVE MIRANDA VZ, 1210	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HENRIQUES, GREGORIO 13243 SOBRADO DR. ORLANDO, FL. 32837	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

**10. ADDITIONS/CHANGES**

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:**  **03/07/08**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #