

**2003 LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 07, 2003 8:00 am**  
**Secretary of State**

03-07-2003 90013 030 \*\*\*\*50.00

**DOCUMENT # L01000010515**

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



Principal Place of Business  
**1908 OSCEOLA PARKWAY  
KISSIMMEE FL 34743  
US**

Mailing Address  
**1908 OSCEOLA PARKWAY  
KISSIMMEE FL 34743  
US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-1117654**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

CHECK HERE IF MAKING CHANGES

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

**CUEVAS, ANDREW ESQ.  
536 BILTMORE WAY  
CORAL GABLES FL 33134**

**7. Name and Address of New Registered Agent**

Name **Gregorio Henriques Goncalvez**  
Street Address (P.O. Box Number is Not Acceptable)  
**1908 E Osceola Parkway**  
City **Kissimmee** **FL** Zip Code **34743**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**02/25/03**  
DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2003**

**9. MANAGING MEMBERS/MANAGERS**

**10. ADDITIONS/CHANGES**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE	NAME	TITLE	NAME
	<b>MGRM</b> <b>ADMINISTRADORA ANYOGRELI II, C.A.</b> <input type="checkbox"/> Delete STREET ADDRESS <b>1908 OSCEOLA PARKWAY</b> CITY-ST-ZIP <b>KISSIMMEE FL 34743</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<b>MGRM</b> <b>HENRIQUES GONCALVES, ANGELA MARIA</b> <input type="checkbox"/> Delete STREET ADDRESS <b>1908 OSCEOLA PARKWAY</b> CITY-ST-ZIP <b>KISSIMMEE FL 34743</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 REQUIRED**

**02/25/03** **4073440029**

CR2E083 (10/02)