

# 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M05000005849

FILED  
Apr 24, 2012  
Secretary of State

**Entity Name:** OCEAN WAVE ASSOCIATES, LLC

**Current Principal Place of Business:**

401 EAST LAS OLAS BLVD.  
SUITE 130-324  
FT. LAUDERDALE, FL 33301

**New Principal Place of Business:**

**Current Mailing Address:**

401 EAST LAS OLAS BLVD.  
SUITE 130-324  
FT. LAUDERDALE, FL 33301

**New Mailing Address:**

FEI Number: 20-3638756

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MOTWANI, DEV R  
401 EAST LAS OLAS BLVD.  
SUITE 130-324  
FT. LAUDERDALE, FL 33301 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: MOTWANI, RAMOLA  
Address: 401 EAST LAS OLAS BLVD., SUITE 130-324  
City-St-Zip: FT. LAUDERDALE, FL 33301

Title: O  
Name: MOTWANI, NITIN  
Address: 401 EAST LAS OLAS BLVD., SUITE 130-324  
City-St-Zip: FT. LAUDERDALE, FL 33301

Title: O  
Name: MOTWANI, DEV  
Address: 401 EAST LAS OLAS BLVD., SUITE 130-324  
City-St-Zip: FT. LAUDERDALE, FL 33301

I hereby certify that the information indicated on this report is true and accurate and that my electronic 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: DEV MOTWANI

O

04/24/2012

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Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date