

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000015820

**FILED**  
**Apr 30, 2004**  
**Secretary of State**

**Entity Name:** SHOCKWAVE TECHNOLOGIES LLC

**Current Principal Place of Business:**

31 7TH ST  
KEY COLONY BEACH, FL 33051

**New Principal Place of Business:**

43 NW 45TH AVE  
111  
KEY COLONY BEACH, FL 33051

**Current Mailing Address:**

PO BOX 510423  
KEY COLONY BEACH, FL 33051

**New Mailing Address:**

**FEI Number:** 59-3327562      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

WOLFE, JOHN J  
2975 OVERSEAS HIGHWAY  
MARATHON, FL 33050 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/MEMBERS:**

Title: MGR ( ) Delete  
Name: STULL, CORT  
Address: P.O. BOX 510423  
City-St-Zip: KEY COLONY BEACH, FL 33050

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: CORT STULL

MR

04/30/2004

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