


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 06, 2005 8:00 am
Secretary of State

05-06-2005 90027 004 ****55.00

| | |
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| DOCUMENT # L00000015820 1. Entity Name SHOCKWAVE TECHNOLOGIES LLC |  |
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|---|---|
| Principal Place of Business 43 NW 45TH AVE 111 KEY COLONY BEACH, FL 33051 | Mailing Address PO BOX 510423 KEY COLONY BEACH, FL 33051 |
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04192005No Chg-LLC CR2E083 (10/03)

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|--|---------------------------------------|
| 4. FEI Number 59-3327562 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | \$5.00 Additional Fee Required |

6. Name and Address of Current Registered Agent

**WOLFE, JOHN J
 2975 OVERSEAS HIGHWAY
 MARATHON, FL 33050**

DO NOT WRITE IN THIS SPACE

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00
 Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR STULL, CORT P.O. BOX 510423 KEY COLONY BEACH, FL 33050 |
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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: *Cort Stull* *John Wolfe*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

561-654-7467