# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**
**Jan 12, 2004 08:00 AM**
**Secretary of State**

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

01072004No Chg-LLC CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number
65-1117654
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

GONCALVEZ, GREGORIO H
1908 E OSCEOLA PKWY
KISSIMMEE, FL 34743

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

**Filing Fee is $50.00**
**Due by May 1, 2004**

9. MANAGING MEMBERS/MANAGERS

| | |
|---|---|
| TITLE | MGRM |
| NAME | ADMINISTRADORA ANYOGRELI II, C.A. |
| STREET ADDRESS | 1908 OSCEOLA PARKWAY |
| CITY-ST-ZIP | KISSIMMEE, FL 34743 |
| TITLE | MGRM |
| NAME | HENRIQUES GONCALVES, ANGELA MARIA |
| STREET ADDRESS | 1908 OSCEOLA PARKWAY |
| CITY-ST-ZIP | KISSIMMEE, FL 34743 |
| TITLE | MGRM |
| NAME | GONCALVEZ, GREGORIO H |
| STREET ADDRESS | 1908 E OSCEOLA PKWY |
| CITY-ST-ZIP | KISSIMMEE, FL 34743 |
| TITLE | MGRM |
| NAME | GONCALVEZ, LILLA H |
| STREET ADDRESS | 1908 E OSCEOLA PKWY |
| CITY-ST-ZIP | KISSIMMEE, FL 34743 |
| TITLE | MGRM |
| NAME | HENRIQUEZ, MARIA |
| STREET ADDRESS | 1908 E OSCEOLA PKWY |
| CITY-ST-ZIP | KISSIMMEE, FL 34743 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

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01/13/04-80031-008 50.00

**DO NOT WRITE IN THIS SPACE**

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