

2004 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT # L01000010515

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



FILED

04 JUL 12 PM 2:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
1908 E. OSCEOLA PARKWAY
KISSIMMEE, FL 34743 US

Mailing Address
1908 E. OSCEOLA PARKWAY
KISSIMMEE, FL 34743 US

2. Principal Place of Business
13243 SOBRADO DR.

3. Mailing Address
13243 SOBRADO DR.

Suite, Apt. #, etc.

City & State
ORLANDO, FLORIDA

City & State
ORLANDO, FLORIDA

Zip
32837

Country
USA

Zip
32837

Country
USA

07052004 Chg-LLC CR2E083 (10/03)

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

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL Zip Code

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 _____
(NOTE: Registered Agent signature required when reinstating)

Amended AR is \$50.00

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

| | | |
|----------------|-----------------------------------|---------------------------------|
| TITLE | MGRM | <input type="checkbox"/> Delete |
| NAME | ADMINISTRADORA ANYOGRELI II, C.A. | |
| STREET ADDRESS | 1908 OSCEOLA PARKWAY | |
| CITY-ST-ZIP | KISSIMMEE, FL 34743 | |
| TITLE | MGRM | <input type="checkbox"/> Delete |
| NAME | HENRIQUES GONCALVES, ANGELA MARIA | |
| STREET ADDRESS | 1908 OSCEOLA PARKWAY | |
| CITY-ST-ZIP | KISSIMMEE, FL 34743 | |
| TITLE | MGRM | <input type="checkbox"/> Delete |
| NAME | GONCALVEZ, LILLA H | |
| STREET ADDRESS | 1908 E OSCEOLA PKWY | |
| CITY-ST-ZIP | KISSIMMEE, FL 34743 | |
| TITLE | MGRM | <input type="checkbox"/> Delete |
| NAME | HENRIQUEZ, MARIA | |
| STREET ADDRESS | 1908 E OSCEOLA PKWY | |
| CITY-ST-ZIP | KISSIMMEE, FL 34743 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

10. ADDITIONS/CHANGES

| | | |
|----------------|--------------------|--|
| TITLE | MGRM | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | GREGORIO HENRIQUES | |
| STREET ADDRESS | 13243 SOBRADO DR. | |
| CITY-ST-ZIP | ORLANDO, FL 32837 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

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]

07/05/04

321-2316991