

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000017716

Entity Name: FRACTAL WAVES LLC

FILED  
May 01, 2005  
Secretary of State

**Current Principal Place of Business:**

16660 SOUTH POST RD.  
SUITE 301  
WESTON, FL 333313570

**New Principal Place of Business:**

**Current Mailing Address:**

16660 SOUTH POST RD.  
SUITE 301  
WESTON, FL 333313570

**New Mailing Address:**

FEI Number: 65-1146575      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

NICHAMOFF, ALAN  
5720 NW 86 TERR  
TAMARAC, FL 33321      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: MGRM      ( ) Delete  
Name: KAZMIERCZAK, MARK J  
Address: 16660 S POST RD #301  
City-St-Zip: WESTON, FL 33331

**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: MARK KAZMIERCZAK

MGRM

05/01/2005

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