

# **2005 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L02000002580

Entity Name: WAVE EIGHT, LLC

**FILED**  
**Jan 14, 2005**  
**Secretary of State**

**Current Principal Place of Business:**

PO BOX 15722  
CLEARWATER, FL 33766

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 15722  
CLEARWATER, FL 33766

**New Mailing Address:**

FEI Number: 34-8669219

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

KILGO, ROBERT M  
PO BOX 15722  
CLEARWATER, FL 33766 US

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

KILGO, ROBERT  
PO BOX 15722  
CLEARWATER, FL 33766 US

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: ROBERT KILGO

01/14/2005

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGR ( ) Delete  
Name: KILGO, ROBERT M  
Address: PO BOX 15722  
City-St-Zip: CLEARWATER, FL 33766

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: KILGO, ROBERT  
Address: PO BOX 15722  
City-St-Zip: CLEARWATER, FL 33766

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: ROBERT KILGO

MGR

01/14/2005

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