2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

SIGNATURE:

Mar 04, 2005 8:00 am DOCUMENT # L02000020171 **Secretary of State** 1. Entity Name 03-04-2005 90017 038 ****50.00 GREEN WAVE PROPERTIES LLC Mailing Address Principal Place of Business 10480 SW 138 STREET MIAMI FL 33176 10480 SW 138 STREET **MIAMI FL 33176** 2. Principal Place of Business 3. Mailing Address <u> 3746</u> 746 NW Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E083 (10/04) Applied For City & State 4. FEI Number 48-1285305 Not Applicable Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GONZALEZ, ORLANDO A Street Address (P.O. Box Number is Not Acceptable) 10480 SW 138 STREET **MIAMI FL 33176** 8. The above named entity submits this statement for the purpose of phanging its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of regist d name of registered agent and little if applicable (NOTE Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2005 ADDITIONS/CHANGES MANAGING MEMBERS/MANAGERS 9. 10. TITLE MGR TITLE ☐ Addition Detete GONZALEZ, ORLANDO A NAME NAME STREET ADDRESS 10480 SW 138TH ST STREET ADDRESS CITY-ST-7IP CITY-ST-7IP MIAMI FL 33176 Delete MGR TITLE ☐ Addition TITLE NAME NAME GONZALEZ, MARCELA STREET ADDRESS 10480 SW 138TH ST STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAM! FL 33176 TITLE ☐ Addition TITLE Detete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE Detete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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 AND TYPED OR PRINTED NAME OF SISTENING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED