2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L02000024413

Entity Name
 WAVES OF VERO BEACH, L.L.C.

Principal Place of Business



Mailing Address

 % ROBERT C. JOHNSON
 % ROBERT C. JOHNSON

 1588 U.S. HIGHWAY ONE
 1588 U.S. HIGHWAY ONE

 VERO BEACH, FL 32960
 VERO BEACH, FL 32960

FILED Apr. 22, 2004 08:00 AM Secretary of State



04162004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number 42-1550749

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

LEONARD, LAWRENCE Y 817 BEACHLAND BOULEVARD VERO BEACH, FL 32963

DO NOT WRITE IN THIS SPACE

	IIV THIS SPACE	
 The above named entity submits this statement for the purpose of change the obligations of registered agent. 	nging its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept	ot
SIGNATURESignature, 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	DATE.	*
9. MANAGING MEMBERS/MANAGERS		
TITLE P NAME JOHNSON, ROBERT C STREET ADDRESS CITY-ST-ZIP VERO BEACH, FL 32963	Linnnn125428	-
TITLE NAME STREET ADDRESS CITY-SI-28P	U00000125428 04/22/04-80084-014 50.00	
RILE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP 11 Legaphy certify that the information pupplied with this Size date and average and a second control of the contro	ialify for the exemption stated in Section 119 07/3VD. Floride Statutes, if wither certify that the information	_

11. I necest certify that the information supplied with this timing 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

Daylims Phone #