

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED

Sep 12, 2005 8:00 am
Secretary of State

08-30-2005 90015 028 ****50.00

DOCUMENT # L02000024413 1. Entity Name WAVES OF VERO BEACH, L.L.C.																																													
Principal Place of Business % ROBERT C. JOHNSON 1588 U.S. HIGHWAY ONE VERO BEACH FL 32960		Mailing Address % ROBERT C. JOHNSON 1588 U.S. HIGHWAY ONE VERO BEACH FL 32960																																											
2. Principal Place of Business 1588 U.S. 1 Suite, Apt. #, etc.		3. Mailing Address 1588 U.S. 1 Suite, Apt. #, etc.																																											
City & State Vero Beach		City & State Vero Beach FL																																											
Zip 32960	Country U.S.A.	4. FEI Number 42-1550749 <div style="float: right;"> <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable </div>																																											
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		6. Name and Address of Current Registered Agent LEONARD, LAWRENCE Y 817 BEACHLAND BOULEVARD VERO BEACH FL 32963																																											
7. Name and Address of New Registered Agent Name Chuck Garris Street Address (P.O. Box Number is Not Acceptable) 817 Beachland Blvd. City Vero Beach 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 Chuck Garris 9-8-05 <small>Signature, typed or printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required when re-registering)</small>																																											
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By September 7, 2005		DATE																																											
9. MANAGING MEMBERS/MANAGERS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width: 70%;"> P JOHNSON, ROBERT C 4128 CLUB DR VERO BEACH FL 32963 </td> </tr> <tr> <td></td> <td><input type="checkbox"/> Delete</td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td><input type="checkbox"/> Delete</td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td><input type="checkbox"/> Delete</td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td><input type="checkbox"/> Delete</td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td><input type="checkbox"/> Delete</td> </tr> <tr> <td></td> <td></td> </tr> </table>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P JOHNSON, ROBERT C 4128 CLUB DR VERO BEACH FL 32963		<input type="checkbox"/> Delete				<input type="checkbox"/> Delete				<input type="checkbox"/> Delete				<input type="checkbox"/> Delete				<input type="checkbox"/> Delete			10. ADDITIONS/CHANGES <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width: 70%;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </td> </tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition																		
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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] 8-23-05 <small>SIGNATURE AND TYPED OR PRINTED NAME OF BOARDING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>																																													



ATTACHMENT

30011138

FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

August 31, 2005

WAVES OF VERO BEACH, L.L.C.
1588 US 1
VERO BEACH, FL 32960

Subject: **WAVES OF VERO BEACH, L.L.C.**

Reference Number: **L02000024413**

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$50.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

The new registered agent must sign accepting the designation.

**TO AVOID THE ADMINISTRATIVE DISSOLUTION/REVOCATION,
PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF
CORPORATIONS, P.O. BOX 6478, TALLAHASSEE, FLORIDA 32314
WITHIN 30 DAYS OF THE DATE OF THIS LETTER.**

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

/LS

ANNUAL REPORTS SECTION