

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000024596

FILED  
Jan 09, 2009  
Secretary of State

**Entity Name:** WAVE CREST INVESTMENTS, LLC

**Current Principal Place of Business:**

7300 DOLINA CT  
MELBOURNE, FL 32940

**New Principal Place of Business:**

**Current Mailing Address:**

2971 WENTWORTH WAY  
TARPON SPRINGS, FL 34688

**New Mailing Address:**

7300 DOLINA CT  
MELBOURNE, FL 32940

**FEI Number:** 02-0643759

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

LYONS, GARY W ESQUIRE  
311 SOUTH MISSOURI AVENUE  
CLEARWATER, FL 33756 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/MANAGERS:**

Title: MGRM ( ) Delete  
Name: GAIL, JAMES L  
Address: 2971 WENTWORTH WAY  
City-St-Zip: TARPON SPRINGS, FL 34688

Title: MGRM ( ) Delete  
Name: HART, JEROME  
Address: 185 E FAITH TERRACE  
City-St-Zip: MAITLAND, FL 32751

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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:** JAMES L GAIL

MGR

01/09/2009

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