

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000008718

Entity Name: WAVE VENTURES, LLC

FILED  
Apr 13, 2005  
Secretary of State

**Current Principal Place of Business:**

225 HILLCREST NORTH  
CLEARWATER, FL 33755

**New Principal Place of Business:**

225 HILLCREST DRIVE NORTH  
CLEARWATER, FL 33755

**Current Mailing Address:**

225 HILLCREST NORTH  
CLEARWATER, FL 33755

**New Mailing Address:**

225 HILLCREST DRIVE NORTH  
CLEARWATER, FL 33755

FEI Number: 54-2095552

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

WARD, DEBRA KAGAN  
225 HILLCREST NORTH  
CLEARWATER, FL 33755 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/MEMBERS:**

Title: MGRM ( ) Delete  
Name: MURRAY, PATRICK M  
Address: 225 HILLCREST NORTH  
City-St-Zip: CLEARWATER, FL 33755

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: MURRAY, PATRICK M  
Address: 225 HILLCREST DRIVE NORTH  
City-St-Zip: CLEARWATER, FL 33755

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: PATRICK M MURRAY

MGR

04/13/2005

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