


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED

**Mar 25, 2005 08:00 AM
Secretary of State**

DOCUMENT # L03000031534 1. Entity Name NU WAVE DEVELOPMENT, LLC	
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Principal Place of Business 4015 BAYSHORE BOULEVARD SUITE 9-B TAMPA, FL 33611	Mailing Address 4015 BAYSHORE BOULEVARD SUITE 9-B TAMPA, FL 33611
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DO NOT WRITE IN THIS SPACE



01162005No Chg-LLC

CR2E083 (10/03)

4. FEI Number 20-0615549	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

SZUTS, SUE ANN
14060 SW 24 ST
DAVIE, FL 33325

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GULUZIAN, GEORGE 4015 BAYSHORE BOULEVARD TAMPA, FL 33611
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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)(f), 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: George Guluzian George Guluzian 3/23/05 813 245-3279
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #