2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

SIGNATURE:

FILED Mar 18, 2005 08:00 AM Secretary of State DOCUMENT # L03006032456 TROPICAL TIDAL WAVE, L.L.C. Mailing Address Principal Place of Business 336 GOLFVIEW ROAD #711 NORTH PALM BEACH FL 33408 336 GOLFVIEW ROAD #711 NORTH PALM BEACH FL 33408 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc 1st MOORE CR2E083 (10/04) City & State Applied For City & State 4. FEI Number 56-2394956 Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SULYMIA, OLEG 336 GOLFVIEW RD #711 Street Address (P.O. Box Number is Not Acceptable) NORTH PALM BEACH FL 33408 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 Signature, typod of printed name of registered agent and liftle if applicable (NOTE Registered Agent signature required when roinstating) DATE FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2005 MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10. 9. MGR TITLE Change Addition TITLE Delete SULYMA, OLEG NAME U000008288667 STREET ADDRESS 336 GOLFVIEW ROAD #711 STREET ADDRESS 03/18/05-80050-024 50.00 C11Y-ST-71P NORTH PALM BEACH FL 33408 CITY - ST - ZIP IME ☐ Change ☐ Addition TITLE ☐ Delete NAME NAME STREET AUDRESS STREET ADDRESS CITY-ST-ZIP CHY-ST-7IP Delete THE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CITY-ST-ZIP TOTAL ☐ Change ☐ Addition TITLE ☐ Defete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHIY-ST-ZIP ☐ Delete un e ☐ Change ☐ Addition DITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CHY-ST-ZIP 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 of trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

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SIGNATURE AND TYPED OR TRINJED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE