


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**May 03, 2005 8:00 am**  
**Secretary of State**

05-03-2005 90020 033 \*\*\*\*50.00

<b>DOCUMENT # L03000036328</b>	
1. Entity Name <b>BIG WAVE, LLC</b>	

Principal Place of Business <b>2800 PONCE DE LEON BLVD., SUITE 1125 CORAL GABLES FL 33134</b>	Mailing Address <b>2800 PONCE DE LEON BLVD., SUITE 1125 CORAL GABLES FL 33134</b>
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2. Principal Place of Business <b>1909 TYLER ST</b>	3. Mailing Address <b>1909 TYLER ST</b>
Suite, Apt. #, etc. <b>603</b>	Suite, Apt. #, etc. <b>603</b>

City & State <b>HOLLYWOOD FL</b>	City & State <b>HOLLYWOOD FL</b>
Zip <b>33020</b>	Zip <b>33020</b>
Country <b>USA</b>	Country <b>USA</b>



1st MOORE CR2E083 (10/04)

4. FEI Number <b>20-0257654</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00 Additional Fee Required</b>
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6. Name and Address of Current Registered Agent <b>SCHERMER, STEVEN J 2800 PONCE DE LEON BLVD., SUITE 1125 CORAL GABLES FL 33134</b>	7. Name and Address of New Registered Agent Name <b>NORMAN BECKER</b> Street Address (P.O. Box Number is Not Acceptable) <b>1909 TYLER ST STE 603</b> <b>HOLLYWOOD FL 33020</b> City <b>FL</b> Zip Code
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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 *Norman Becker* (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2005**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR BECKER, NORMAN H 2404 HOLLYWOOD BOULEVARD HOLLYWOOD FL 33020</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>1909 Tyler Street #603 Hollywood FL 33020</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Norman Becker* **NORMAN BECKER** 4/28/05 957-925-1900  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #