2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

HORMAN BECHEA Marin

מספרוו	MENT # i gaggagas	20	ATTE	Feb 17, 2006 08:00 AM
DOCUMENT # L03000036328 1. Entity Name				Secretary of State
BIG WAV	E, LLC			7
Principal Place of Business		Mailing Address		
1909 TYLER ST		1909 TYLER ST		THE THE MENT CONTROL OF THE BUILD SPINS HERE HERE THE STORE THE ST
#603 HOLLYWOOD FL 33020 US		#603 HOLLYWOOD FL 33020 US		
2. Principal Place of Business		3. Mailing Address		I Tankin Sil Salat IIII Salit Salit Salit IIII III III III III III III III III
Suite, Apt. If, etc.		Suite, Apt #, etc.		1st MOORE CR2E083 (10/05)
City & State		City & State		4. FEI Number 20-0257654 Applied For Not Applied a
Zip	Country	Zip	Country	5. Certificate of Status Desired
	6. Name and Address of Currer	it Registered Agent	Name	7. Name and Address of New Registered Agent
BELLED NORMAN				
BELLER, NORMAN 1909 TYLER ST STE 603 HOLLYWOOD FL 33020			Street Address	s (P.O. Box Number is Not Acceptable)
			City	FL Zip Code
	e named entity submits this statement trons of registered agent.	for the purpose of changing it	s registered office or regist	lered agent, or both, in the State of Florida. I am familiar with, and accep-
SIGNATURE	Signature, typed or printed name of registered age	of und file if marks the (AVC)	TE Registered Agent signature requir	red when recisional CATE
	organicity, typica of printed flattle or registered affe		OWII! FEE IS \$50.00	
		Make Check Paval	ole to Florida Departm	nent of State
			ie By May 1, 2006	Control Office of a second sec
9.	MANAGING MEM	BERS/MANAGERS	10.	ADDITIONS/CHANGES
TITLE	MGR	☐ Defete	TITLE	☐ Change ☐ Addition
NAME STREET ADDRESS	BECKER, NORMAN H	· -	NAME STREET ADDRESS	U00000439173 03/01/06-80035-011 50.00
CITY-SI-ZIP	HOLLYWOOD FL 33020		C17Y - ST - ZIP	03/01/06-80035-011 50. 0 0
TITLE		☐ Delete	TITLE	Change Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS CITY-ST-ZIP	
CITY-ST-ZIP				☐ Change ☐ Adir
TITLE NAME		Delete	NAME NAME	Clouding Class
STREET AUDRESS	}		STREET ADORESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delele	TITLE	Change Addition
NAME CIDETT ADDRESS	{	,	NAME CTREET APPROCES	
STREET ADDRESS OTY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP	
TITLE		Delete	UTLE	☐ Change ☐ Additio
NAME		LJ Othic	NAME	_ · _
STREE! ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TALE		☐ Delete	TITLE .	☐ Change ☐ Addition
NAME STREET ADDRESS			NAME STREET ADDRESS	
CITY-ST-ZIP			C/IY-ST-ZIP	
11. hereby	certify that the information supplied v	with this filling does not qualify	for the exemptions contain	ned in Section 119, Florida Statutes. I further certify that the Information
indicated ha	d on this report is true and accurate a ability company or the receiver or true	ing that my signature shall ha stee empowered to execuje th	ive the same legal effect a his report as required by Ch	s it made under oath; that I am a managing member or manager of the napter 508, Florida Statutes.

2/13/06 954-955-190