

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000040135

Entity Name: WAVE PROPERTIES, LLC

FILED  
Apr 29, 2005  
Secretary of State

## Current Principal Place of Business:

7162 SIESTA ST.  
NAVARRE, FL 32566

## New Principal Place of Business:

4251 LANCASTER GATE DR.  
PACE, FL 32571

## Current Mailing Address:

7162 SIESTA ST.  
NAVARRE, FL 32566

## New Mailing Address:

4251 LANCASTER GATE DR.  
PACE, FL 32571

FEI Number: 20-0320721

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MOUNT, DOLORES R  
7162 SIESTA ST.  
NAVARRE, FL 32566 US

## Name and Address of New Registered Agent:

MOUNT, DOLORES R  
4251 LANCASTER GATE DR.  
PACE, FL 32571 US

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: DOLORES MOUNT

04/29/2005

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MEMBERS:

Title: MGRM ( ) Delete  
Name: MOUNT, DOLORES R  
Address: 7162 SIESTA ST.  
City-St-Zip: NAVARRE, FL 32566

Title: MGRM (X) Delete  
Name: MOUNT, JEFF  
Address: 7162 SIESTA ST  
City-St-Zip: NAVARRE, FL 32566

## ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition  
Name: KOEHLER, EDWARD L  
Address: 3600 OAK TREE LANE  
City-St-Zip: PACE, FL 32571

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: DOLORES MOUNT

RA

04/29/2005

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