

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000042069

FILED
Jan 20, 2009
Secretary of State

Entity Name: OCEAN WAVE INVESTMENTS, LLC

Current Principal Place of Business:

222 US HIGHWAY 1, STE. 5
TEQUESTA, FL 33469

New Principal Place of Business:

222 US HIGHWAY ONE
SUITE 205
TEQUESTA, FL 33469

Current Mailing Address:

222 US HIGHWAY 1, STE. 5
TEQUESTA, FL 33469

New Mailing Address:

222 US HIGHWAY ONE
SUITE 205
TEQUESTA, FL 33469

FEI Number: 20-0370400

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SOWDEN, KAREN S
222 US HIGHWAY 1, STE. 5
TEQUESTA, FL 33469 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: SHAW, ASTA I
Address: 222 US HIGHWAY 1, STE. 5
City-St-Zip: TEQUESTA, FL 33469

Title: MGR () Delete
Name: SOWDEN, KAREN S
Address: 222 US HIGHWAY 1, STE. 5
City-St-Zip: TEQUESTA, FL 33469

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: SHAW, ASTA I
Address: 222 US HIGHWAY ONE, STE 205
City-St-Zip: TEQUESTA, FL 33469

Title: MGR (X) Change () Addition
Name: SOWDEN, KAREN S
Address: 222 US HIGHWAY ONE, STE. 205
City-St-Zip: TEQUESTA, FL 33469

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: KAREN S. SOWDEN

MGR

01/20/2009

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