

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000047359

FILED
Mar 04, 2009
Secretary of State

Entity Name: WABASSO OCEANAIRE VILLAS, L.L.C.

Current Principal Place of Business:

270 HAMMOCK SHORE DR.
MELBOURNE BEACH, FL 32951

New Principal Place of Business:

304 BEAU JEAN AVE
MELBOURNE BEACH, FL 32951

Current Mailing Address:

C/O JAMES BATES
270 HAMMOCK SHORE DR.
MELBOURNE BEACH, FL 32951

New Mailing Address:

C/O JAMES BATES
P.O. BOX 1329
MELBOURNE, FL 32902

FEI Number: 90-0132280

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BATES, JAMES
270 HAMMOCK SHORE DR.
MELBOURNE BEACH, FL 32951 US

Name and Address of New Registered Agent:

BATES, JAMES
304 BEAU JEAN AVE.
MELBOURNE BEACH, FL 32951 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: JAMES BATES

03/04/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: AQUARINA SALES, INC.
Address: 270 HAMMOCK SHORE DR.
City-St-Zip: MELBOURNE BEACH, FL 32951 US

Title: MGRM () Delete
Name: FRED JORGE, INC.
Address: 2600 CROOKED ANTLER DR.
City-St-Zip: MELBOURNE, FL 32934 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: AQUARINA SALES, INC.
Address: P.O. BOX
City-St-Zip: MELBOURNE, FL 32902 US

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

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: JAMES BATES

MGRM

03/04/2009

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