

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000038660

FILED  
Apr 27, 2007  
Secretary of State

**Entity Name:** TROPICAL WAVES DEVELOPMENT GROUP, LLC

**Current Principal Place of Business:**

MORRISON & CAUDILL, PL  
4933 TAMiami TRAIL NORTH, STE 200  
NAPLES, FL 34103

**New Principal Place of Business:**

**Current Mailing Address:**

1790 TOWN PARK BLVD, STE B  
UNIONTOWN, OH 44685

**New Mailing Address:**

**FEI Number:** 20-1011564

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CARRIERO, ADAM L  
2288 HAWKSRIDGE LOOP  
NAPLES, FL 34105 US

**Name and Address of New Registered Agent:**

HAMRICK, DAVID M  
2288 HAWKSRIDGE LOOP  
NAPLES, FL 34105 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: DAVID M. HAMRICK

04/27/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: HAMRICK, DAVID M  
Address: 1790 TOWN PARK BLVD, STE B  
City-St-Zip: UNIONTOWN, OH 44685

Title: MGRM ( ) Delete  
Name: BARNHART, R. TODD  
Address: 1790 TOWN PARK BLVD, STE B  
City-St-Zip: UNIONTOWN, OH 44685

**ADDITIONS/CHANGES:**

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

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: DAVID M. HAMRICK

MGRM

04/27/2007

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