

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000055277

Entity Name: WAVEDS Q-BIZ, LLC

FILED
Apr 08, 2005
Secretary of State

Current Principal Place of Business:

625 COURT STREET, #200
C/O J. MATTHEW MARQUARDT
CLEARWATER, FL 33756

New Principal Place of Business:

Current Mailing Address:

625 COURT STREET, #200
C/O J. MATTHEW MARQUARDT
CLEARWATER, FL 33756

New Mailing Address:

FEI Number: 20-1417802

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MARQUARDT, J. MATTHEW
625 COURT STREET, #200
CLEARWATER, FL 33756 US

Name and Address of New Registered Agent:

MARQUARDT, J. MATTHEW
625 COURT STREET,
#200
CLEARWATER, FL 33756 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:

04/08/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: ADHIKARI, SIMEE
Address: 880 MANDALAY AVENUE, APT. N605
City-St-Zip: CLEARWATER, FL 33767

Title: MGRM () Delete
Name: IKAJEVS, DANIELS
Address: 184 S. TESSIER DRIVE
City-St-Zip: ST. PETE BEACH, FL 33706

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: ADHIKARI, SIMEE
Address: 2049 EDGEWATER DRIVE, APT 8
City-St-Zip: CLEARWATER, FL 33755

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: SIMEE ADHIKARI

MGRM

04/08/2005

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