

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000061799

FILED  
May 02, 2006  
Secretary of State

Entity Name: THE WAVES, LLC

**Current Principal Place of Business:**

900 SE 3RD AVE SUITE 205  
FORT LAUDERDALE, FL 33316

**New Principal Place of Business:**

1601 NE 20TH AVENUE  
FORT LAUDERDALE, FL 33305

**Current Mailing Address:**

900 SE 3RD AVE SUITE 205  
FORT LAUDERDALE, FL 33316

**New Mailing Address:**

1601 NE 20TH AVENUE  
FORT LAUDERDALE, FL 33305

FEI Number: 20-1515853      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

STANDER, ALAN E CPA  
3230 STERLING RD  
SUITE #1  
HOLLYWOOD, FL 33021 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: MGRM ( ) Delete  
Name: ROBIN, STEWART A  
Address: 401 N.E. THIRD AVENUE  
City-St-Zip: FORT LAUDERDALE, FL 33301

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: ROBIN, STEWART A  
Address: 1601 NE 20TH AVENUE  
City-St-Zip: FORT LAUDERDALE, FL 33305

I hereby certify that the information supplied with this filing does not qualify for the 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: STEWART A. ROBIN

MGRM

05/02/2006

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