

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000078981

Entity Name: THE WAVES 2005, LLC

FILED
Apr 16, 2009
Secretary of State

Current Principal Place of Business:

9455 COLLINS AVENUE
UNIT NO. 901
SURFSIDE, FL 33154 US

New Principal Place of Business:

Current Mailing Address:

CCS 10118
P.O. BOX 025323
MIAMI, FL 331025323 US

New Mailing Address:

C/O MONAHAN 2519 GALIANO STREET
SUITE 703
CORAL GABLES, FL 33134 US

FEI Number: 20-3458684

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MONAHAN, ROARK R CPA
4000 PONCE DE LEON BLVD
STE 470 NO. 13
CORAL GABLES, FL 33146 US

Name and Address of New Registered Agent:

MONAHAN, ROARK R CPA
2519 GALIANO STREET
SUITE 703
CORAL GABLES, FL 33134 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: ROARK R. MONAHAN CPA

04/16/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: GIOVANNI BELUSSI MARFAN
Address: 9455 COLLINS AV. UNIT NO. 901
City-St-Zip: SURFSIDE, FL 33154

Title: MGRM () Delete
Name: KATARINA BENCO DE BELUSSI
Address: 9455 COLLINS AV. UNIT NO. 901
City-St-Zip: SURFSIDE, FL 33154

Title: MGRM () Delete
Name: GINEA BELUSSI BENCO
Address: 9455 COLLINS AVENUE
City-St-Zip: SURFSIDE, FL 33154

Title: MGRM () Delete
Name: DANNY VINCENZO MONTICELLI
Address: 9455 COLLINS AVENUE
City-St-Zip: SURFSIDE, FL 33154

ADDITIONS/CHANGES:

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

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

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: GINEA BELUSSI

MGRM

04/16/2009

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