

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 19, 2006 8:00 am
Secretary of State

04-19-2006 90020 031 ****50.00

DOCUMENT # L05000080878

1. Entity Name
FOUR WAVES REALTY LLC



Principal Place of Business
1140 NW 101 AVENUE
PLANTATION, FL 33322

Mailing Address
1140 NW 101 AVENUE
PLANTATION, FL 33322



2. Principal Place of Business
12608 NW 74th Place
Suite, Apt. #, etc.

3. Mailing Address
12608 NW 74th Place
Suite, Apt. #, etc.

04112006 Chg-LLC CR2E083 (11/05)

City & State
Parkland, Florida
Zip 33076 Country Broward

City & State
Parkland, Florida
Zip 33076 Country Broward

4. FEI Number 20-3314510
Applied For Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

RICKEL, ROBERT S
1140 NW 101 AVENUE
PLANTATION, FL 33322

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *[Signature]* (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$50.00
Due by May 1, 2006

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM
NAME RICKEL, ROBERT S
STREET ADDRESS 1140 NW 101 AVENUE
CITY-ST-ZIP PLANTATION, FL 33322 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE MGRM
NAME Rickel, Robert S
STREET ADDRESS 12608 NW 74th Place
CITY-ST-ZIP Parkland, Florida 33076 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: *[Signature]* Robert S. Rickel
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4-16-06 954-444-4473
Date Daytime Phone #