

2009 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L05000082241

FILED
Oct 22, 2009
Secretary of State**Entity Name:** NEW WAVE REALTY, LLC**Current Principal Place of Business:**848 BRICKELL AVENUE
SUITE 1130
MIAMI, FL 33131**New Principal Place of Business:****Current Mailing Address:**848 BRICKELL AVENUE
SUITE 1130
MIAMI, FL 33131**New Mailing Address:****FEI Number:** 41-2183432 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()****Name and Address of Current Registered Agent:**ARDITI, IRENE
848 BRICKELL AVENUE
SUITE 1130
MIAMI, FL 33131 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:** MGR () Delete
Name: CD 22 CORP.
Address: 848 BRICKELL AVENUE-SUITE 1130
City-St-Zip: MIAMI, FL 33131**Title:** MGR () Delete
Name: SCEMANA, PATRICE M
Address: 848 BRICKELL AVENUE SUITE 1130
City-St-Zip: MIAMI, FL 33131**Title:** () Delete
Name:
Address:
City-St-Zip:**ADDITIONS/CHANGES:****Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** MGR () Change (X) Addition
Name: TEBOUL, CEDRIC C
Address: 848 BRICKELL AVENUE - SUITE 1130
City-St-Zip: MIAMI, FL 33131

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: CEDRIC TEBOUL MGR 10/22/2009

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