

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000106847

FILED  
Apr 30, 2007  
Secretary of State

Entity Name: WAVE VICTORIA VILLAGE, LLC

## Current Principal Place of Business:

6971 N. FEDERAL HIGHWAY  
STE 301  
BOCA RATON, FL 33487 US

## New Principal Place of Business:

## Current Mailing Address:

6971 N. FEDERAL HIGHWAY  
STE 301  
BOCA RATON, FL 33487 US

## New Mailing Address:

FEI Number: 83-0447103      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ADLER, SIDNEY  
6971 N. FEDERAL HIGHWAY  
301  
BOCA RATON, FL 33487 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: WOLOFSKY, DAVID  
Address: 6971 N. FEDERAL HIGHWAY, STE 301  
City-St-Zip: BOCA RATON, FL 33487 US

Title: MGRM ( ) Delete  
Name: ADLER, SIDNEY  
Address: 6971 N. FEDERAL HIGHWAY, STE 301  
City-St-Zip: BOCA RATON, FL 33487 US

Title: MGRM ( ) Delete  
Name: VREELAND, ROBERT  
Address: 6971 N. FEDERAL HIGHWAY, STE 301  
City-St-Zip: BOCA RATON, FL 33487 US

## ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition  
Name: WOLOFSKY, DAVID N  
Address: 6971 N. FEDERAL HIGHWAY, STE 301  
City-St-Zip: BOCA RATON, FL 33487 US

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: DAVID N. WOLOFSKY

MGRM

04/30/2007

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