


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 18, 2008 8:00 am
Secretary of State

02-18-2008 90078 009 ***138.75

DOCUMENT # L05000113285					
1. Entity Name STAR & WAVE REALTY LLC					
Principal Place of Business 1886 TARPON BAY DR. SOUTH #206 NAPLES, FL 34119			Mailing Address 1886 TARPON BAY DR. SOUTH #206 NAPLES, FL 34119		
2. Principal Place of Business - No P.O. Box # 28521 RISORSA PL		3. Mailing Address 28521 RISORSA PL			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State BONITA SPRINGS, FL		City & State BONITA SPRINGS, FL		4. FEI Number 42-1685379	
Zip 34135		Country LEE		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent MCHUGH, ALEXANDRIA J 1886 TARPON BAY DR. SOUTH 28521 RISORSA PL #206 BONITA SPRINGS, FL NAPLES, FL 34119 34135			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 <u>Alexandria McHugh</u> <u>ALEXANDRIA MCHUGH MGR</u> <u>1-28-08</u> <small>(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE)</small>					
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE MGR <input type="checkbox"/> Delete NAME MCHUGH, ALEXANDRIA J STREET ADDRESS 1886 TARPON BAY DR. SOUTH, #206 CITY-ST-ZIP NAPLES, FL 34119			TITLE MGR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME MCHUGH, ALEXANDRIA J. STREET ADDRESS 28521 RISORSA PL. CITY-ST-ZIP BONITA SPRINGS, FL 34135		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
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TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
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: <u>Alexandria McHugh</u> <u>ALEXANDRIA MCHUGH</u> <u>1-28-08</u> <u>239-272-6105</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					