

# 2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000057335

FILED  
Mar 25, 2010  
Secretary of State

**Entity Name:** INLET WAVES CONCESSION, LLC

**Current Principal Place of Business:**

4206 ORIOLE AVENUE  
PORT ORANGE, FL 32127

**New Principal Place of Business:**

**Current Mailing Address:**

4206 ORIOLE AVENUE  
PORT ORANGE, FL 32127

**New Mailing Address:**

FEI Number: 20-4983683

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

PIVEC, PAUL J  
4206 ORIOLE AVENUE  
PORT ORANGE, FL 32127 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  
Name: PIVEC, PAUL J  
Address: 4206 ORIOLE AVENUE  
City-St-Zip: PORT ORANGE, FL 32127

Title: MGRM  
Name: PIVEC, JEANNETTE B  
Address: 4206 ORIOLE AVENUE  
City-St-Zip: PORT ORANGE, FL 32127

I hereby 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: PAUL J PIVEC

MM

03/25/2010

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