

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000091068

Entity Name: PERFECT WAVE PARTNERS, LLC

FILED  
Jan 08, 2008  
Secretary of State

**Current Principal Place of Business:**

6360 U.S. HIGHWAY 1 SOUTH  
SAINT AUGUSTINE, FL 320867687 US

**New Principal Place of Business:**

2775 US 1 SOUTH  
SAINT AUGUSTINE, FL 320867687 US

**Current Mailing Address:**

6360 U.S. HIGHWAY 1 SOUTH  
SAINT AUGUSTINE, FL 320867687 US

**New Mailing Address:**

2775 US 1 SOUTH  
SAINT AUGUSTINE, FL 320867687 US

FEI Number: 26-0845851

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

SAWYER, WENDY A  
6360 U.S. HIGHWAY 1 SOUTH  
SAINT AUGUSTINE, FL 320867687 US

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

SAWYER, WENDY A  
2775 U.S. HIGHWAY 1 SOUTH  
SAINT AUGUSTINE, FL 320867687 US

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: WENDY A. SAWYER

01/08/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: SAWYER, WENDA A  
Address: 6360 U.S. HIGHWAY 1 SOUTH  
City-St-Zip: SAINT AUGUSTINE, FL 320867687 US

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: SAWYER, WENDY A  
Address: 2775 U.S. HIGHWAY 1 SOUTH  
City-St-Zip: SAINT AUGUSTINE, FL 320867687 US

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: WENDY A. SAWYER

MGRM

01/08/2008

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