2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 19, 2009
Secretary of State

DOCUMENT# L07000091068

Entity Name: PERFECT WAVE PARTNERS, LLC

Current Principal Place of Business:

2775 US 1 SOUTH
SAINT AUGUSTINE, FL 320867687 US

New Principal Place of Business:

2769 US 1 SOUTH
SAINT AUGUSTINE, FL 320867687 US

Current Mailing Address:

2775 US 1 SOUTH
SAINT AUGUSTINE, FL 320867687 US

New Mailing Address:

2769 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
2775 U.S. HIGHWAY 1 SOUTH
SAINT AUGUSTINE, FL 320867687 US

Name and Address of New Registered Agent:

SAWYER, WENDY A
2769 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 01/19/2009
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: SAWYER, WENDY A
Address: 2775 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: 2769 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 MM 01/19/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date