2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 25, 2009
Secretary of State

DOCUMENT# L08000025134

Entity Name: WAVE'S CABANA VILLAGE OF KENDALL TOWN, LLC

Current Principal Place of Business:

1301 PLANTATION ISLAND DRIVE SOUTH
SUITE 304
ST. AUGUSTINE, FL 32080 US

New Principal Place of Business:

1301 PLANTATION ISLAND DRIVE SOUTH
SUITE 304 A
ST. AUGUSTINE, FL 32080 US

Current Mailing Address:

1301 PLANTATION ISLAND DRIVE SOUTH
SUITE 304
ST. AUGUSTINE, FL 32080 US

New Mailing Address:

1301 PLANTATION ISLAND DRIVE SOUTH
SUITE 304 A
ST. AUGUSTINE, FL 32080 US

FEI Number: 26-2278888 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

O'MALLEY, ANDREW M
712 SOUTH OREGON AVENUE
TAMPA, FL 33606 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: MGR ( ) Delete
Name: WAVE'S CABANA VILLAG, E OF KENDALL T O WN, INC
Address: 1301 PLANTATION ISLAND DRIVE SOUTH
City-St-Zip: ST. AUGUSTINE, FL 32080 US

ADDITIONS/CHANGES:

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 H. FORT MGRM 03/25/2009

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