2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 12, 2010
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 A
ST. AUGUSTINE, FL 32080 US

New Principal Place of Business:

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

Current Mailing Address:

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

New Mailing Address:

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

FEI Number: 26-2278888 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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
Name: WAVE'S CABANA VILLAGE OF KENDALL TOWN, INC
Address: 1301 PLANTATION ISLAND DRIVE SOUTH
City-St-Zip: ST. AUGUSTINE, FL 32080 US

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 Statues.

SIGNATURE: WAVE'S CABANA VILLAGE OF KENDALL TOWN, INC MGR 05/12/2010

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