2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000117086

Entity Name: ESO BLUE WAVE, LLC

Address:

City-St-Zip:

FILED May 20, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 503 N. ORLANDO AVENUE, SUITE 203 503 N. ORLANDO AVENUE, SUITE 201 COCOA BEACH, FL 32931 COCOA BEACH, FL 32931 **Current Mailing Address: New Mailing Address:** 503 N. ORLANDO AVENUE, SUITE 203 503 N. ORLANDO AVENUE, SUITE 201 COCOA BEACH, FL 32931 COCOA BEACH, FL 32931 FEI Number: 26-4192575 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: Name and Address of New Registered Agent: FARO & ASSOCIATES, P.A 150 COCOA ISLES BLVD., STE 404 COCOA BEACH, FL 32931 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: ADDITIONS/CHANGES: () Delete Title: MGRM () Change (X) Addition TAL, ORI Name: Name: Address: Address: 503 N. ORLANDO AVENUE, SUITE 201 City-St-Zip: City-St-Zip: COCOA BEACH, FL 32931 Title: Title: MGRM () Change (X) Addition () Delete Name: Name: NAIMER, EFRAIM

Address:

City-St-Zip:

503 N. ORLANDO AVENUE, SUITE 201

COCOA BEACH, FL 32931

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: ORI TAL MGRM 05/20/2009