2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 11, 2011
Secretary of State

DOCUMENT# L09000105313

Entity Name: MIAMI WAKEBOARD-CABLE COMPLEX LLC

Current Principal Place of Business:

95 MERRICK WAY
SUITE 380 C/O MICHAEL T. FAY
CORAL GABLES, FL 33134

New Principal Place of Business:

Current Mailing Address:

95 MERRICK WAY
SUITE 380 C/O MICHAEL T. FAY
CORAL GABLES, FL 33134

New Mailing Address:

MIAMI WAKEBOARD CABLE COMPLEX
3828 NW 2ND AVE
MIAMI, FL 33127

FEI Number: 27-1224816 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FAY, MICHAEL T
95 MERRICK WAY
SUITE 380 C/O MICHAEL T. FAY
CORAL GABLES, FL 33134 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: MGRM
Name: FAY, MICHAEL T
Address: 95 MERRICK WAY, SUITE 380 C/O FAY
City-St-Zip: CORAL GABLES, FL 33134 US

Title: MGR
Name: LAURSEN, KIMBERLY J
Address: 4810 NW 99TH CT
City-St-Zip: MIAMI, FL 33178 US

Title: MGR
Name: FAY, PAULA
Address: 95 MERRICK WAY, SUITE 380 C/O FAY
City-St-Zip: CORAL GABLES, FL 33134 US

Title: MGR
Name: RENE, HOFMANN
Address: 8615 FL ROCK ROAD
City-St-Zip: ORLANDO, FL 32824 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: KIMBELRY J. LAURSEN MGR 01/11/2011

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