

File on or before May 1, 1998 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

98 APR 29 AM 11:31

FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee
\$ 188.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE

1. Name and Mailing Address
of Limited Liability Company

DOCUMENT # L93000000373

FOUR WAVES AT GABLES END, L.C.

~~5701 N. PINE ISLAND RD.~~

~~STE 390~~

~~TAMARAC FL 33321~~

1a. Principal Place of Business Address

~~5701 N. PINE ISLAND RD.~~

~~STE 390~~

~~TAMARAC FL 33321~~

2. Principal Place of Business

~~2539 Old Okeechobee Rd~~

Suite, Apt. #, etc.

~~SUITE 1~~

City & State

~~West Palm Beach, FLA~~

Zip

~~33409~~

Country

~~USA~~

2a. Mailing Address

~~Suite, Apt. #, etc.~~

~~SAME AS~~

City & State

~~(2)~~

Zip

~~Country~~

3. Date Organized or Qualified

~~10/21/1993~~

3a. State of Formation

~~FL~~

4. FEI Number

~~65-0445192~~

☐ Applied For

☐ Not Applicable

5. Date of Last Report

~~05/02/1997~~

6. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

LARRY A. ROTHENBERG, P.A.
2424 N FEDERAL HWY
SUITE 455
BOCA RATON FL 33431

8. Name and Address of New Registered Agent/Office

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, etc.

City

~~300002512103--E~~

~~-05/05/98--01136--029~~

~~****188.75 ****188.75~~

~~FL~~

9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.

SIGNATURE

(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)

DATE

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MEM	FOUR WAVES ENTERPRISES	5701 N. PINE ISLAND RD. ST 2539 Old Okeechobee Rd	TAMARAC FL West Palm Beach, FLA

11. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report is true and accurate and that my 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; and that my name appears in Block 10, or on an attachment with an address.

SIGNATURE:

~~Robert Ricker~~
~~President - FOUR WAVES ENTERPRISES~~

~~4/27/98(561) 428-1857~~

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #