


**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**May 08, 2008 8:00 am**  
**Secretary of State**

05-08-2008 90106 003 \*\*\*138.75

DOCUMENT # M07000001756

1. Entity Name  
 LIFEWAVE, LLC



Principal Place of Business: 2817 West End Avenue, Suite 126-263, Nashville, TN 37203

Mailing Address: 2817 West End Avenue, Suite 126-263, Nashville, TN 37203

2. Principal Place of Business - No P.O. Box #: 337 Summit Ridge Circle, Suite, Apt. #, etc.

3. Mailing Address: 337 Summit Ridge Circle, Suite, Apt. #, etc.


City & State: Nashville, TN

City & State: Nashville, TN

Zip: 37203

Zip: 37203

00040070



04212008 Chg-LLC CR2E083 (12/06)

4. FEI Number: 20-8589083

Applied For:  Not Applicable

5. Certificate of Status Desired:  \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent: C T CORPORATION SYSTEM, 1200 SOUTH PINE ISLAND ROAD, PLANTATION, FL 33324

7. Name and Address of New Registered Agent

Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: **FL** Zip Code: \_\_\_\_\_

8. 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. I am familiar with, and accept the obligations of registered agent.

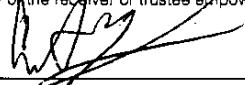
SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

Make check payable to: Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE: MGRM NAME: HEWITT, CRAIG STREET ADDRESS: 337 Summit Ridge Circle CITY-ST-ZIP: Nashville, TN 37215	<input type="checkbox"/> Delete	TITLE: MGRM NAME: Hewitt, Craig STREET ADDRESS: 337 Summit Ridge Circle CITY-ST-ZIP: Nashville, TN 37215	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this 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.

SIGNATURE:  **Craig Hewitt, President** Date: **5/1/08** Daytime Phone #: **6157393841**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE