## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

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1. Entity Name SPAVE, LLC



Principal Place of Business

1217 W. LINEBAUGH AVE., SUITE 2 TAMPA, FL 33612

Mailing Address

1217 W. LINEBAUGH AVE., SUITE 2 TAMPA, FL 33612



DATE

02062008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 75-3062117

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

8. Name and Address of Current Registered Agent

Signature, typed or printed name of registered agent and title if applicable

KUSTIN, BRADLEY A ESQ. 1217 W. LINEBAUGH AVE., SUITE 2 TAMPA, FL 33612

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. 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 the obligations of registered agent.	I am familiar with, and accept
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(NOTE: Registered Agent signature required when reinstating)

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

9.	MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY ST-ZIP TITLE NAME	MGRM KUSTIN, BRADLEY A 1217 W. LINEBAUGH AVE., SUITE 2 TAMPA, FL 33612 MGRM RAHGOZAR, ALI S		
STREET ADDRESS CITY-ST-ZIP	1217 W. LINEBAUGH AVE., SUITE 2 TAMPA, FL 33612		
TITLE NAME STREET ADDRESS CITY ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE - NAME - STREET ADDRESS - CITY-57-ZIP			
11. I hereby certify that the information supplied with this filling does not qualify for the			

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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 hability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

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