2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L04000005473

1. Entity Name

ALPHA WAVE ENTERPRISES, L.L.C.



Principal Place of Business

Mailing Address

C/O DUDLEY MARK FACEY 8540 N.W. 54TH COURT LAUDERHILL, FL 33351 C/O DUDLEY MARK FACEY 8540 N.W. 54TH COURT LAUDERHILL, FL 33351

FILED Jan 11, 2007 08:00 AM Secretary of State



01032007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 20-0636627

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

STEPHEN R.A. KNIGHT AND ASSOCIATES L.L.C. 1315 EAST LAFAYETTE STREET, SUITE C TALLAHASSEE, FL 32301

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			IN THIS SPACE
8. The above the obligati	named entity submits this statement for the purpose of cha- ions of registered agent.	nging its registered office or regi	stered agent, or both, in the State of Florida. I am familiar with, and accept
SIGNATURE_	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature rec	nurred when reinstating) DATE
' FI	ling Fee is \$50.00 ue by May 1, 2007	ę	
9.	MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FACEY, DUDLEY M 8540 N.W. 54TH COURT LAUDERHILL, FL 33351		U00000582449 01/11/07-80032-006 50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP			01/11/07-80032-006 50.00
TITLE NAME STREET ADDRESS CHY-ST-ZIP			DO NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		,	IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	,		

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:

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

Dolf at mes

Dudley Mark Faces

1/9/2007

(954) 742-9133

BIGNATURE AND TYPED OR PRINTED NAME OF STOLING MAMASING MEMBER, OR AUTHORIZED REPRESENTATIVE

Daytime Phone #