

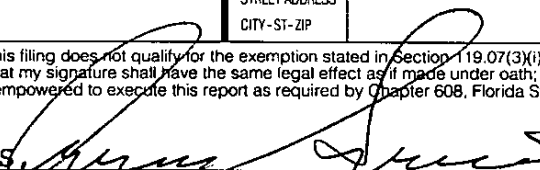


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jul 12, 2005 8:00 am**  
**Secretary of State**

07-12-2005 90015 037 \*\*\*\*50.00

<b>DOCUMENT # L04000074793</b> 1. Entity Name <b>SWAVE INVESTMENTS, LLC</b>					
Principal Place of Business <b>640 N. SAN JACINTO STREET SUITE N HEMET, CA 92545</b>			Mailing Address <b>640 N. SAN JACINTO STREET SUITE N HEMET, CA 92545</b>		
2. Principal Place of Business <b>43280 Business Pkwy</b> Suite, Apt. #, etc. <b>Suite 201</b>		3. Mailing Address <b>43280 Business Pkwy</b> Suite, Apt. #, etc. <b>Suite 201</b>			
City & State <b>Temecula, CA</b>		City & State <b>Temecula, CA</b>		4. FEI Number <b>02-0732342</b>	
Zip <b>92590</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>AGENTS AND CORPORATIONS, INC. 773 4TH AVE. NORTH SUITE E NAPLES, FL 34102</b>				7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$50.00 Due by September 7, 2005</b>			<b>Make check payable to Florida Department of State</b>		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SIMMONS, ANNIE 640 N. SAN JACINTO STREET HEMET, CA 92545	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Simmons, Annie 43280 Business Pkwy, Ste 201 Temecula, CA 92590	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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 exemption stated in Section 119.07(3)(i), 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.					
<b>SIGNATURE: ANNIE SIMMONS</b>  <b>7/7/05</b> (951) 693-5870					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #					