2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 19, 2008
Secretary of State

DOCUMENT# L07000051056

Entity Name: WAVEKOM LLC

Current Principal Place of Business:

1074 SPANISH RIVER RD, APT 14
BOCA RATON, FL 33432

New Principal Place of Business:

8 LEXINGTON LN E
APT G
PALM BEACH GARDENS, FL 33418 US

Current Mailing Address:

1074 SPANISH RIVER RD, APT 14
BOCA RATON, FL 33432

New Mailing Address:

8 LEXINGTON LN E
APT G
PALM BEACH GARDENS, FL 33418 US

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BUSINESS FILINGS INCORPORATED
1203 GOVERNOR'S SQUARE BLVD
SUITE 101
TALLAHASSEE, FL 323012960 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: FRANCESANGELI, CARLO
Address: 1074 SPANISH RIVER RD, APT 14
City-St-Zip: BOCA RATON, FL 33432

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: P (X) Change ( ) Addition
Name: FRANCESCANGELI, CARLO
Address: 8 LEXINGTON LN E APT #G
City-St-Zip: PALM BEACH GARDENS, FL 33418

Title: D ( ) Change (X) Addition
Name: FRANCESCANGELI, CARLO
Address: 8 LEXINGTON LN E APT #G
City-St-Zip: PALM BEACH GARDENS, FL 33418

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: CARLO FRANCESCANGELI MGRM 03/19/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date