

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000060829

Entity Name: W.I.R.E.D. IN KEY WEST, L.L.C.

FILED  
Apr 03, 2008  
Secretary of State

**Current Principal Place of Business:**

905 TRUMAN AVENUE  
KEY WEST, FL 33040

**New Principal Place of Business:**

**Current Mailing Address:**

905 TRUMAN AVENUE  
KEY WEST, FL 33040

**New Mailing Address:**

FEI Number: 55-0878215

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

FARRELLY, GREGORY G  
C/O CATALFOMO & FARRELLY  
506 LOUISA STREET  
KEY WEST, FL 33040 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: VAN MATER, ROBIN  
Address: 1320 PINE STREET  
City-St-Zip: KEY WEST, FL 33040

Title: MGR ( ) Delete  
Name: VAN MATER, LORI  
Address: 905 TRUMAN AVE  
City-St-Zip: KEY WEST, FL 33040

Title: MGR ( ) Delete  
Name: HALFORD, SYBILLE  
Address: 1507 18TH TERRACE  
City-St-Zip: KEY WEST, FL 33040

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: SYBILLE HALFORD

MGR

04/03/2008

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