

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000013661

Entity Name: WIRES BY FORGE LLC

FILED  
Jun 30, 2007  
Secretary of State

## Current Principal Place of Business:

1053 WILLA LAKE CIRCLE  
OVIEDO, FL 32765

## New Principal Place of Business:

691 BAMBOO PALM WAY  
OVIEDO, FL 32765

## Current Mailing Address:

1053 WILLA LAKE CIRCLE  
OVIEDO, FL 32765

## New Mailing Address:

691 BAMBOO PALM WAY  
OVIEDO, FL 32765

FEI Number: 04-6301561      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

## Name and Address of Current Registered Agent:

FORGIONE, JAMES P  
1053 WILLA LAKE CIRCLE  
OVIEDO, FL 32765      US

## Name and Address of New Registered Agent:

FORGIONE, JAMES P  
691 BAMBOO PALM WAY  
OVIEDO, FL 32765      US

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:

06/30/2007

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM      ( ) Delete  
Name: FORGIONE, JAMES P  
Address: 1053 WILLA LAKE CIRCLE  
City-St-Zip: OVIEDO, FL 32765

## ADDITIONS/CHANGES:

Title: MGRM      (X) Change      ( ) Addition  
Name: FORGIONE, JAMES P  
Address: 691 BAMBOO PALM WAY  
City-St-Zip: OVIEDO, FL 32765

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: JAMES FORGIONE

OWNE

06/30/2007

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