2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 28, 2007 08:00 AM
Secretary of State

DOCUMENT # L05000027228

1. Entity Name
WIRED, LLC

Principal Place of Business	Mailing Address
244 SHOPPING AVENUE, #294 SARASOTA, FL 34237-7125	244 SHOPPING AVENUE, #294 SARASOTA, FL 34237-7125

DO NOT WRITE IN THIS SPACE

03202007No Chg-LLC CR2E083 (11/05)

4. FEI Number
20-2518815
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

SANTIAGO, VICTOR G ESQ
1819 MAIN ST, STE 610
SARASOTA, FL 34236

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by May 1, 2007

000000681455
04/04/07-80044-011 50.00

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGR
NAME	CUPPY, JUDITH
STREET ADDRESS	3902 SOMERSET DR
CITY-ST-ZIP	SARASOTA, FL 34242
TITLE	MGR
NAME	GREEN, CAROL B
STREET ADDRESS	136 GOLDEN GATE POINT, #302
CITY-ST-ZIP	SARASOTA, FL 3426
TITLE	MGR
NAME	FLETCHER, ANN W
STREET ADDRESS	361 GILCHRIST AVE
CITY-ST-ZIP	BOCA GRANDE, FL 33921
TITLE	MGR
NAME	NICOLAI, CAROL L
STREET ADDRESS	7 GLENMERE DR
CITY-ST-ZIP	CHATHAM, NJ 07978
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Judith Cuppy 3/26/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #