


**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 07, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L05000027228</b> 1. Entity Name <b>WIRED, LLC</b>	
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Principal Place of Business <b>3902 SOMERSET DR. SARASOTA, FL 34242</b>	Mailing Address <b>3902 SOMERSET DR. SARASOTA, FL 34242</b>
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**DO NOT WRITE IN THIS SPACE**



03152008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number <b>20-2518815</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent  <b>CUPPY, JUDITH 3902 SOMERSET DR SARASOTA, FL 34242</b>	<b>DO NOT WRITE IN THIS SPACE</b>
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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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

1100000800556

04/17/08-80020-016 138.75

**FILE NOW!!! FEE IS \$138.75  
After May 1, 2008 Fee will be \$538.75**

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

**DO NOT WRITE  
IN THIS SPACE**

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: *X Judith Cuppy*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR AUTHORIZED REPRESENTATIVE

*X 4/2/08 346-9500*  
Date Daytime Phone #