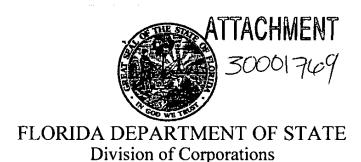
2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Mar 06, 2006 8:00 am Secretary of State

DOCUMENT # L05000083719 1. Eritity Name WIRED I, LLC							01-27-2	2006 900′	72 016 *	***50.00
Principal Plac 224 SHOPPII SARASOTA, F	NG AVENUE,	#294	Mailing Address 224 SHOPPING AVENUE, #294 SARASOTA, FL 34237-7125			30001769				
2. Principal P	lace of Busin	888	3. Mailing Address							
Suite, Apt. 4, etc.			Suite, Apt. #, etc.			01182006	Chg-LLC	CR2E0	83 (11/05)	
City & State			City & State			4. FEI Numi	<u> 7207</u>	97	<u> </u>	plied For Applicable
Zip	Country		Zip			5. Certificat		a of Status Desired		
"6; Name and Address of Current Registered Agent					Name	7. Name an	d Address of New	Registered A	\gent	
SANTIAGO 1819 MAIN SARASOT	ISTREET	, SUITE 610			Street Address (P.O. Box Number is Not Acceptable)					
	,			City		<u> </u>	FL	Zip Code	,	
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 reimstating) DATE										
Filing Fee is \$50.00 Due by May 1, 2006								ike check p da Departm		•
9.		MANAGING MEMBE	I RS/MANAGERS	10.			ADDITION:	CHANGES		
TITLE	MGR GREEN,		☐ Delete	HAM	tE.				Change	☐ Addition
STREET ADDRESS CITY-ST-ZIP		DEN GATE POINT, #30 TA, FL 34236	2		ET ADORESS '-ST-Z:P					
TITLE NAME	MGR CUPPY, J	UDITH	☐ Delete	FIEL MAM	-	-			Change	Addition
STREET ADDRESS CITY-ST-ZIP	1	MERSET DRIVE TA, FL 34242			ET ADDRESS '- ST-Z.P					ł
TITLE NAME	MGR ANN WO	OD FLETCHER	☐ Delete	PAN	· 1				Change	Addition
STREET ADDRESS CITY-ST-ZIP	1	HRIST AVENUE PANDE, FL 33921			EET ADDRESS -ST-ZIP					
TITLE	MGR NICOLAI.	CAROL L	☐ Delete	TITL	1		· <u>-</u>		☐ Change	Addition
STREET ADDRESS CITY-ST-ZIP		ERE DRIVE M, NJ 07928			et address -st-zip					
TITLE NAME			☐ Delete	TITL	·		-	· · · · · · · · · · · · · · · · · · ·	Change	☐ Addition
SINEET ADDRESS City-St-ZIP				STRE	ET ADDRESS - ST-2IP					
TITLE			C) Dalete	TITL					Change	Addition
STREET ADDRESS CITY+ST-ZIP			<u> </u>	STRE	EET ADORESS -ST-ZIP					
11. I hereby cartify 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 flability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Rorida Statutes.										
SIGNATURE: X Judied Cusper & 1/24/06										
	SIGNATURE	MO TYPED OR PRINTED NAME OF	BIGHING MANAGING MEMBER, MA	NAGER, SA	AUTHORIZED REPRESE	HTATIVE	Date	DI	yume Phone s	

941-346-9500



February 1, 2006

WIRED I, LLC 224 SHOPPING AVENUE, #294 SARASOTA, FL 34237-7125

Subject: WIRED I, LLC

Reference Number:

L05000083719

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$50.00; however, the report has not been filed and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

/CJ ANNUAL REPORTS SECTION