


**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 07, 2008 08:00 A
Secretary of State

DOCUMENT # L05000083	
1. Entity Name WIRED I, LLC	

Principal Place of Business 224 SHOPPING AVENUE, #294 SARASOTA, FL 34237-7125	Mailing Address 224 SHOPPING AVENUE, #294 SARASOTA, FL 34237-7125
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DO NOT WRITE IN THIS SPACE



03152008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 20-3705422	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent

**SANTIAGO, VICTOR G ESQ
1819 MAIN STREET, SUITE 610
SARASOTA, FL 34236**

**DO NOT WRITE
IN THIS SPACE**

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

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

U000000833858
04/17/08-80020-018 138.75

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GREEN, CAROL 136 GOLDEN GATE POINT, #302 SARASOTA, FL 34236
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CUPPY, JUDITH 3902 SOMERSET DRIVE SARASOTA, FL 34242
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ANN WOOD FLETCHER 361 GILCHRIST AVENUE BOCA GRANDE, FL 33921
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR NICOLAI, CAROL L 7 GLENMERE DRIVE CHATHAM, NJ 07928
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: *Judith Cuppy* X *4/2/08* *941-346-9500*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #