2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 26, 2007
Secretary of State

DOCUMENT# L05000101091

Entity Name: WIRELESS ADVICE OF PORT ST. LUCIE LLC

Current Principal Place of Business:

PO BOX 492036
FORT LAUDERDALE, FL 33349 US

New Principal Place of Business:

3245 SW PORT ST LUCIE BLVD
PORT ST LUCIE, FL 34953 US

Current Mailing Address:

PO BOX 492036
FORT LAUDERDALE, FL 33349 US

New Mailing Address:

FEI Number: 20-3623686 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BOULET, BEN B MR.
18540 SW 43 STREET
MIRAMAR, FL 33029 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title:	PD	( ) Delete
Name:	BOULET, BEN B MR.	
Address:	PO BOX 492036	
City-St-Zip:	FORT LAUDERDALE, FL 33349 US	
Title:	VP	( ) Delete
Name:	CAREY, LATANNIA	
Address:	4402 SW CACAO STREET	
City-St-Zip:	PORT ST. LUCIE, FL 34953	
Title:	MGR	( ) Delete
Name:	CAREY, LATASHA	
Address:	981 SW MC ELROY AVENUE	
City-St-Zip:	PORT ST. LUCIE, FL 34953	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

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: BEN BOULET PD 04/26/2007

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