

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 27, 2007 8:00 am**  
**Secretary of State**

04-27-2007 90023 021 \*\*\*\*55.00

**DOCUMENT # M06000003195**

1. Entity Name  
**WIREFREE PARTNERS LLC**



Principal Place of Business

**505 BEACHLAND BLVD., SUITE 1  
PMB #161  
VERO BEACH, FL 32963**

Mailing Address

**505 BEACHLAND BLVD., SUITE 1  
PMB #161  
VERO BEACH, FL 32963**

00011000



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

04032007 Chg-LLC CR2E083 (12/06)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**20-1916447**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$5.00 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BLANE, W. CHRIS  
2770 INDIAN RIVER BLVD., SUITE 201  
VERO BEACH, FL 32960**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**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 reinstating)

DATE

**Filing Fee is \$50.00  
Due by May 1, 2007**

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE **MGR** ☐ Delete  
NAME **BLANE, W. CHRIS**  
STREET ADDRESS **2770 INDIAN RIVER BLVD., SUITE 201**  
CITY-ST-ZIP **VERO BEACH, FL 32960**

TITLE **MGR** ☐ Delete  
NAME **BODY, THOMAS D III**  
STREET ADDRESS **1200 ABERNATHY ROAD NE, SUITE 1700**  
CITY-ST-ZIP **ATLANTA, GA 30328**

TITLE **MGR** ☐ Delete  
NAME **SPENCER, SHELLEY**  
STREET ADDRESS **6511 GRIFFIN ROAD**  
CITY-ST-ZIP **LAYTONSVILLE, MD 20882**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:** *Shelley Spencer, Shelley Spencer*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

**4/24/07 (301)540-6222**  
Date Daytime Phone #