

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

04-27-2007 90023 020 \*\*\*\*55.00

**DOCUMENT # M06000003198**

1. Entity Name  
**WIREFREE PARTNERS II, LLC**



Principal Place of Business  
**505 BEACHLAND BLVD., SUITE 1  
PMB #162  
VERO BEACH, FL 32963**

Mailing Address  
**505 BEACHLAND BLVD., SUITE 1  
PMB #162  
VERO BEACH, FL 32963**

00041081



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

Zip

Country

Zip

Country

4. FEI Number

**20-1916503**

Applied For

Not Applicable

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

10. ADDITIONS / CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
BLANE, W.C.  
5770 INDIAN RIVER BLVD., SUITE 201  
VERO BEACH, FL 32960** ☐ Delete

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

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

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
FRYE, DAVID  
1200 ABERNATHY ROAD, NE, SUITE 1700  
ATLANTA, GA 30328** ☐ Delete

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

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

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
YOO, EUGENE  
300 HAMILTON AVE  
PALO ALTO, CA 94301** ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
BASS, REBECCA  
445 BROAD HOLLOW ROAD  
MELVILLE, NY 11747** ☐ Delete

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

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 #

ATTACHMENT

60041831

Document #M06000003198

Item No. 9 Continued:

MGR

Catherine Sassano

445 Broad Hollow Road

Melville, NY 11747