

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M06000003198

FILED
Apr 14, 2008
Secretary of State

Entity Name: WIREFREE PARTNERS II, LLC

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 20-1916503

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

BLANE, W. CHRIS
825 18TH STREET., SUITE 200
VERO BEACH, FL 32960 US

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:

04/14/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: BLANE, W.C.
Address: 5770 INDIAN RIVER BLVD., SUITE 201
City-St-Zip: VERO BEACH, FL 32960

Title: MGR () Delete
Name: BODY, THOMAS D III
Address: 1200 ABERNATHY ROAD, NE, SUITE 1700
City-St-Zip: ATLANTA, GA 30328

Title: MGR () Delete
Name: FRYE, DAVID
Address: 1200 ABERNATHY ROAD, NE, SUITE 1700
City-St-Zip: ATLANTA, GA 30328

Title: MGR () Delete
Name: SPENCER, SHELLEY
Address: 6511 GRIFFITH ROAD
City-St-Zip: LAYTONSVILLE, MD 20882

Title: MGR () Delete
Name: YOO, EUGENE
Address: 300 HAMILTON AVE
City-St-Zip: PALO ALTO, CA 94301

Title: MGR () Delete
Name: BASS, REBECCA
Address: 445 BROAD HOLLOW ROAD
City-St-Zip: MELVILLE, NY 11747

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: BLANE, W.C.
Address: 825 18TH STREET, SUITE 200
City-St-Zip: VERO BEACH, FL 32960

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

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

Title: MGR (X) Change () Addition
Name: SPENCER, SHELLEY
Address: 6511 GRIFFITH ROAD
City-St-Zip: LAYTONSVILLE, MD 20882

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: SHELLEY SPENCER

MGR

04/14/2008

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