

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M06000003198

FILED
Apr 13, 2009
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
825 18TH STREET., SUITE 200
VERO BEACH, FL 32960 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: MGR () Delete
Name: BLANE, W.C.
Address: 825 18TH STREET, SUITE 200
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: () Change () Addition
Name:
Address:
City-St-Zip:

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

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

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

Title: () Change () Addition
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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

04/13/2009

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