

# 2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M06000003198

FILED  
Mar 30, 2010  
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  
Name: BLANE, W.C.  
Address: 825 18TH STREET, SUITE 200  
City-St-Zip: VERO BEACH, FL 32960

Title: MGR  
Name: BODY, THOMAS D III  
Address: 3340 PEACHTREE ROAD, NE, SUITE 1800  
City-St-Zip: ATLANTA, GA 30326

Title: MGR  
Name: FRYE, DAVID  
Address: 3340 PEACHTREE ROAD, NE, SUITE 1800  
City-St-Zip: ATLANTA, GA 30326

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

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

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

I hereby 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 L SPENCER

MGR

03/30/2010

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