

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

04-27-2007 90023 019 *****55.00

DOCUMENT # M06000003199

1. Entity Name
WIREFREE PARTNERS III, LLC



Principal Place of Business

**505 BEACHLAND BLVD., SUITE 1
PMB #167
VERO BEACH, FL 32963**

Mailing Address

**505 BEACHLAND BLVD., SUITE 1
PMB #167
VERO BEACH, FL 32963**

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04032007

Chg-LLC

CR2E083 (12/06)

4. FEI Number

20-1916547

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

TITLE **MGR** ☐ Delete
NAME **BLANE, W.C.**
STREET ADDRESS **5770 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 **FRYE, DAVID**
STREET ADDRESS **1200 ABERNATHY ROAD NE, SUITE 1700**
CITY-ST-ZIP **ATLANTA, GA 30328**

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

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

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

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
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TITLE ☐ Change ☐ Addition
NAME
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 4/24/07 (301)540-6222
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

ATTACHMENT

60041832

Document #M06000003199

Item No. 9 Continued:

MGR
Catherine Sassano
445 Broad Hollow Road
Melville, NY 11747