

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M06000003199

FILED  
Apr 13, 2009  
Secretary of State

Entity Name: WIREFREE PARTNERS III, LLC

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

FEI Number: 20-1916547      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, GA 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  
Name:  
Address:  
City-St-Zip:

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

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

04/13/2009

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