


**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jul 26, 2004 08:00 AM
Secretary of State

DOCUMENT # L01000010071 1. Entity Name UPSTAIRS, L.L.C.	
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Principal Place of Business 136 MADEIRA AVE MIAMI, FL 33134	Mailing Address 136 MADEIRA AVE MIAMI, FL 33134
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DO NOT WRITE IN THIS SPACE



07012004No Chg-LLC CR2E083 (10/03)

4. FEI Number 65-1115413	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent SOSA, ANABELLA 136 MADEIRA AVE CORAL GABLES, FL 33134	DO NOT WRITE IN THIS SPACE
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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering)

**Filing Fee is \$50.00
Due by September 8, 2004**

U00000168500
07/26/04-80015-022 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM RODRIGUEZ, JOSE W 1036 NE 95TH STREET MIAMI SHORES, FL 33138
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM SOSA, ANABELLA 170 OCEAN LANE DRIVE KEY BISCAYNE, FL 33149
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TITLE NAME STREET ADDRESS CITY- ST- ZIP	

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date _____ Daytime Phone # _____