


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 24, 2005 08:00 AM
Secretary of State

DOCUMENT # L01000010071

1. Entity Name
UPSTAIRS, L.L.C.



Principal Place of Business 136 MADEIRA AVE MIAMI, FL 33134	Mailing Address 136 MADEIRA AVE MIAMI, FL 33134
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03072005No Chg-LLC CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1115413	Applied For 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

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 reinstating)

**Filing Fee is \$50.00
 Due by May 1, 2005**

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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 03/24/05-80048-019 50.00

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:  **03/11/05**

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #