


**2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 28, 2003 8:00 am
Secretary of State

02-17-2003 90011 043 ****50.00

DOCUMENT # L01000010071

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



Principal Place of Business
**136 MADEIRA AVE
CORAL GABLES FL ~~33134~~**

Mailing Address
**170 OCEAN LANE DRIVE
SUITE 305
CORAL GABLES FL ~~33134~~ 33149**

2. Principal Place of Business
136 MADEIRA Avenue

Suite, Apt. #, etc.

3. Mailing Address
136 MADEIRA AVENUE

Suite, Apt. #, etc.

City & State
CORAL GABLES, FLORIDA


City & State
CORAL GABLES, FLORIDA

Zip
33134

Country
USA

Zip
33134

Country
USA



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**SOSA, ANABELLA
136 MADEIRA AVE
CORAL GABLES FL 33134**

4. FEI Number ~~65-1115413~~

Applied For
 Not Applicable

5. Certificate of Status Desired **\$5.00 Additional Fee Required**

7. Name and Address of New Registered Agent

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]* **ANABELLA SOSA**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM RODRIGUEZ, JOSE W 1036 NE 95TH STREET MIAMI SHORES FL 33138 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SOSA, ANABELLA 170 OCEAN LANE DRIVE KEY BISCAYNE FL 33149 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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]* **SIGNATURE REQUIRED** **2/26/03** **305-443-8680**

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

CR2E083 (1/0/02)