


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 09, 2005 8:00 am
Secretary of State

05-09-2005 90048 037 ****50.00

DOCUMENT # L03000052688

1. Entity Name
 UPSS, LLC



Principal Place of Business
 4550 47TH STREET WEST
 #515
 BRADENTON, FL 34210

Mailing Address
 PO BOX 307
 CORTEZ, FL 34215

14016964

2. Principal Place of Business
 26 E. Thomas St.
 Suite, Apt. #, etc.
 AVON PARK, FL

3. Mailing Address
 Suite, Apt. #, etc.

City & State
 33825

City & State

Zip Country Zip Country



02282005 Chg-LLC CR2E083 (10/03)

4. FEI Number
 60-0005290

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
 TRACY, CATHERINE L
 5900 S. TAMIAMI TRAIL
 SUITE #1
 SARASOTA, FL 34231

7. Name and Address of New Registered Agent
 Name TRACY, CATHERINE L.
 Street Address (P.O. Box Number is Not Acceptable)
 2058 CONSTITUTION BLVD
 SARASOTA
 City FL Zip Code 34231

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 Catherine L. Tracy DATE 3-8-05
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

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FLANG, HEIDE L 4550 47TH STREET WEST - #515 BRADENTON, FL 34215 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FLANG, HEIDE L. 26 E. Thomas St. AVON PARK, FL 33825 <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
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:  DATE: 5-1-05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Daytime Phone #