

**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)**

**FILED**  
**Apr 24, 2006 8:00 am**  
**Secretary of State**

04-24-2006 90067 010 \*\*\*\*50.00



**DOCUMENT # L04000042625**  
 1. Entity Name  
**UPCM63, LLC**

Principal Place of Business      Mailing Address  
**10513 SEVILLA DRIVE**      **10513 SEVILLA DRIVE**  
**STE 102**      **STE 102**  
**FORT MYERS FL 33913**      **FORT MYERS FL 33913**

2. Principal Place of Business      3. Mailing Address  
**5431 BLUE CRAB CIRCLE**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.  
**UNIT Q4**

City & State      City & State  
**BOKEELIA, FLORIDA**  
 Zip      Country      Zip      Country  
**33922**      **USA**

4. FEI Number      Applied For  
**20-1230674**      Not Applicable  
 5. Certificate of Status Desired       **\$5.00 Additional Fee Required**



1st MOORE      CR2E083 (10/05)

6. Name and Address of Current Registered Agent  
**PLATT, DAVID M ESQ**  
**1715 MONROE STREET**  
**FORT MYERS FL 33902**

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 \_\_\_\_\_ (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, 2006**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR</b> <b>LLAMIDO, FELIX DR</b> <b>10513 SEVILLA DRIVE, STE 102</b> <b>FORT MYERS FL 33913</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR</b> <b>JOSE S. MAISO</b> <b>5431 BLUE CRAB CIRCLE, Q4</b> <b>BOKEELIA, FLORIDA 33922</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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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 exemptions contained in Section 119, 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:** *Jose S. Maiso*      **JOSE S. MAISO**      **4-11-06**      **239-282-0120**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #