

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000069006

Entity Name: PALEO UPSTAIRS, LLC

FILED
Feb 22, 2008
Secretary of State

Current Principal Place of Business:

5621 STRAND BLVD.
SUITE 211
NAPLES, FL 34110 US

New Principal Place of Business:

Current Mailing Address:

5621 STRAND BLVD.
SUITE 211
NAPLES, FL 34110 US

New Mailing Address:

FEI Number: 26-8047120 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

EVANS, JAMES
5621 STRAND BLVD.
SUITE 211
NAPLES, FL 34110 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: EVANS, JAMES M
Address: 5621 STRAND BLVD., SUITE 211
City-St-Zip: NAPLES, FL 34110 US

Title: MGRM () Delete
Name: EVANS, JON
Address: 378 INTERSTATE COURT
City-St-Zip: SARASOTA, FL 34240 US

Title: MGRM () Delete
Name: EVANS, JAMES C
Address: 5621 STRAND BLVD., SUITE 211
City-St-Zip: NAPLES, FL 34110 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM (X) Change () Addition
Name: EVANS, JON
Address: 8237 VICELA
City-St-Zip: SARASOTA, FL 34240 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: JAMES M EVANS

MGRM

02/22/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date