


**2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**

**Jan 26, 2004 08:00 AM  
Secretary of State**

<b>DOCUMENT # L01000010775</b> 1. Entity Name ONE UP, LLC	
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Principal Place of Business 1007 S.E. FORT KING STREET SUITE B OCALA, FL 34471	Mailing Address 1007 S.E. FORT KING STREET SUITE B OCALA, FL 34471
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01082004No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-3732188	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent  UNDERWOOD, JOHN A 1007 S.E. FORT KING STREET SUITE B OCALA, FL 34471
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**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**Filing Fee is \$50.00  
Due by May 1, 2004**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM UNDERWOOD, JOHN A 2930 SOUTHEAST 31ST ST OCALA, FL 34471
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM UNDERWOOD, LYNN B 2930 SOUTHEAST 31ST ST OCALA, FL 34471
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U000000013020  
01/26/04-80037-004 50.00

**DO NOT WRITE  
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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: *John Underwood* *Mendes* 1-22-04 352-624-4161