


**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 07, 2008 08:00 A
Secretary of State

DOCUMENT # L02000014115 1. Entity Name UPLAND, LLC	
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Principal Place of Business P.O. BOX 85 WEST PALM BEACH, FL 33402	Mailing Address P.O. BOX 85 WEST PALM BEACH, FL 33402
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02072008 No Chg-LLC CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number 82-0548470	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 JOHNSON, SCOTT A 505 SOUTH FLAGLER DRIVE STE 1010 WEST PALM BEACH, FL 33402

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


FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

03/25/08-80020-013 138.75

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR JOHNSON, RICHARD S JR P.O. BOX 85 WEST PALM BEACH, FL 33402
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR JOHNSON, SCOTT A P.O. BOX 85 WEST PALM BEACH, FL 33402
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KOENIG, PATRICK C P.O. BOX 85 WEST PALM BEACH, FL 33402
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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:  **2/29/08**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #