

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000014115

Entity Name: UPLAND, LLC

FILED
Apr 13, 2009
Secretary of State

Current Principal Place of Business:

P.O. BOX 85
WEST PALM BEACH, FL 33402

New Principal Place of Business:

505 SOUTH FLAGLER DRIVE
STE 1010
WEST PALM BEACH, FL 33402

Current Mailing Address:

P.O. BOX 85
WEST PALM BEACH, FL 33402

New Mailing Address:

505 SOUTH FLAGLER DRIVE
STE 1010
WEST PALM BEACH, FL 33402

FEI Number: 82-0548470

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JOHNSON, SCOTT A
505 SOUTH FLAGLER DRIVE
STE 1010
WEST PALM BEACH, FL 33401 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: MGR () Delete
Name: JOHNSON, RICHARD S JR
Address: P.O. BOX 85
City-St-Zip: WEST PALM BEACH, FL 33402

Title: MGR () Delete
Name: JOHNSON, SCOTT A
Address: P.O. BOX 85
City-St-Zip: WEST PALM BEACH, FL 33402

Title: MGR () Delete
Name: KOENIG, PATRICK C
Address: P.O. BOX 85
City-St-Zip: WEST PALM BEACH, FL 33402

ADDITIONS/CHANGES:

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

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

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: SCOTT A JOHNSON

MGR

04/13/2009

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