2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 06, 2008
Secretary of State

DOCUMENT# L03000012635

Entity Name: UPSTATE ENTERPRISES, L.L.C.

Current Principal Place of Business:

10140 NW 27 ST.
MIAMI, FL 33172 US

New Principal Place of Business:

8990 SW 45 TER.
MIAMI, FL 33165 US

Current Mailing Address:

10140 NW 27 ST.
MIAMI, FL 33172 US

New Mailing Address:

8990 SW 45 TER.
MIAMI, FL 33165 US

FEI Number: 14-1880607 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

KRAMER, ROBERT M
4000 HOLLYWOOD BOULEVARD
SUITE 485-SOUTH
HOLLYWOOD, FL 33021 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: LACAYO, CAROL
Address: 10140 NW 27 ST.
City-St-Zip: MIAMI, FL 33172

Title: MGR ( ) Delete
Name: LACAYO, LISANDRO
Address: 10140 NW 27 ST.
City-St-Zip: MIAMI, FL 33172

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: LACAYO, CAROL
Address: 8990 SW 45 TER.
City-St-Zip: MIAMI, FL 33165

Title: MGR (X) Change ( ) Addition
Name: LACAYO, LISANDRO
Address: 8990 SW 45 TER.
City-St-Zip: MIAMI, FL 33165

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: CAROL LACAYO MGR 05/06/2008

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