2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

## Apr 20, 2004 8:00 am Secretary of State 3 **DOCUMENT # L03000053952** 1. Entity Name 03-25-2004 90216 009 \*\*\*\*50.00 THE UPSHOT, LLC Principal Place of Business Mailing Address 6278 PETUNIA ROAD 14545 J MILITARY TRAIL #151 DELRAY BEACH FL 33484 34003663 DELRAY BEACH FL 33484 2. Principal Place of Business 3. Mailing Address 6278 PETUNIA ROAD Suite, Apt. #. etc. CR2E083 (11/03) Applied For City & State City & State 4. FEI Number 81-0648081 DELRAY BEACH Not Applicable Zio Country Country \$5.00 Additional 5. Certificate of Status Desired UŠA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent GREEN, JOSEPH E Street Address (P.O. Box Number is Not Acceptable) 6278 PETUNIA ROAD **DELRAY BEACH FL 33484** Cit 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) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2004 ADDITIONS/CHANGES MANAGING MEMBERS/MANAGERS 9. 10. TITLE MGRM Detete TITLE ☐ Change ■ Addition GREEN, JOSEPH E NAME NAME STREET ADDRESS 6278 PETUNIA ROAD STREET ADDRESS CITY-ST-ZIP **DELRAY BEACH FL 33484** CITY-ST-ZIP TIRE Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delcte TITLE ☐ Change. Addition HAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZD ☐ Change TITLE ☐ Delete Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change □ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete Addition TILE Change NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP 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. (JOSEPH E. GREEN) 3-22-04 (561)498-5134

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED