2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Jul 25, 2006 8:00 am Secretary of State

DOCUMENT # L04000036671 1. Entity Name UPI, LLC					07-25-2006 90084 013 ****50.00			
Principal Place of Business 2006 WEST FAIRBANKS AVENUE WINTER PARK, FL 32789		Mailing Address 2006 WEST FAIRBANKS AVENUE WINTER PARK, FL 32789			~~~	,,,,,,		
2. Principal P	ace of Business	3. Mailing Address						
300 South Orange Aue. Suite, Apt. #, etc.		300 South Orange Aul. Suite, Apt. #, etc.		<u>و.</u> 072120		CR2E083 (11/05)	BBI III 1881	
Suite 1210 City & State		Suite 1210 City & State		4. FEI Nu	mber	Ap	plied For	
Orlando, FL Zip Country 32801 USA		Orlando, FL Zip Country 32801 USA			123804 cate of Status Desired	\$5.00 Add		
5 600	6. Name and Address of Current R		<u> </u>	7. Name	and Address of New			
		<u> </u>	Name					
MEERS, RON 2006 WEST FÄIRBANKS AVENUE WINTER PARK, FL 32789			Street Address (P.O. Box Number is Not Acceptable)					
WINTER PARK, FL 32709			300 South Orange Ave., Sty: 1210					
			City (orlando FL 33801				
the obligati	named entity submits this statement for ions of registered agent.	the purpose of changing its re	gistered office o		r both, in the State of F	lorida. I am familiar with, $\frac{2}{2}$	and accept	
ŞIGNATURE .	Signature typed or printed name of legistered agent as	nd title it applicable. (NOTE: R	legistered Agent signal	ure required when reinstatin		DATE		
Filing Fee is \$50.00 Due by September 6, 2006		-						
Fili Due b	ing Fee is \$50.00 by September 6, 2006					ke check payable to la Department of State	Đ	
Fili Due b	ing Fee is \$50.00 by September 6, 2006 MANAGING MEMBÉR	RS/MANAGERS	10.		Florid	· -	e	
· Due b	y September 6, 2006 MANAGING MEMBER MGRM	RS/MANAGERS	TITLE		ADDITIONS	la Department of State	e ☐ Addition	
9. TITLE NAME	MANAGING MEMBER MGRM MECERS, RON G	☐ Delete	TITLE NAME	meers, i	ADDITIONS	la Department of State		
9. TITLE NAME STREET ADDRESS	MANAGING MEMBER MGRM MECERS, RON G 300 SOUTH ORANGE AVE, SUIT	☐ Delete	TITLE	meers, i	ADDITIONS	la Department of State		
9. IITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGING MEMBER MGRM MECERS, RON G	☐ Delete	TITLE NAME STREET ADDRESS	meers, i	ADDITIONS	la Department of State		
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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 exert 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 register/or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

ME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

AMY BEA MEERS - MORALES