

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000040659

**FILED**  
**Apr 07, 2005**  
**Secretary of State**

**Entity Name:** UPRIVER ENTERTAINMENT, LLC

**Current Principal Place of Business:**

2458 CHICORY LANE, SUITE 202  
WINTER PARK, FL 32792

**New Principal Place of Business:**

1144 CASTLE WOODS TERRACE  
214  
CASSELBERRY, FL 32707

**Current Mailing Address:**

2458 CHICORY LANE, SUITE 202  
WINTER PARK, FL 32792

**New Mailing Address:**

1144 CASTLE WOODS TERRACE  
214  
CASSELBERRY, FL 32707

FEI Number: 34-1998435

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

TROUT, SHAUN  
2458 CHICORY LANE, SUITE 202  
WINTER PARK, FL 32792 US

**Name and Address of New Registered Agent:**

TROUT, SHAUN  
1144 CASTLE WOODS TERRACE  
214  
CASSELBERRY, FL 32707 US

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: SHAUN TROUT

04/07/2005

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGRM ( ) Delete  
Name: TROUT, SAUN  
Address: 2458 CHICORY LANE, SUITE 202  
City-St-Zip: WINTER PARK, FL 32792

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: TROUT, SAUN  
Address: 1144 CASTLE WOODS TERRACE  
City-St-Zip: CASSELBERRY, FL 32707

I hereby certify that the information supplied with this filing does not qualify for the 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 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: SHAUN TROUT

MGRM

04/07/2005

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