


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 15, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L04000042869</b> 1. Entity Name J R UPCHURCH, LLC	
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Principal Place of Business 1439 SW 26 AVENUE, SUITE 300 POMPANO BEACH, FL 33069	Mailing Address 1439 SW 26 AVENUE, SUITE 300 POMPANO BEACH, FL 33069
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**DO NOT WRITE IN THIS SPACE**



01232008No Chg-LLC

CR2E083 (12/07)

4. FEI Number 20-1246588	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
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6. Name and Address of Current Registered Agent

UPCHURCH, JAMES R JR.  
1439 SW 26 AVENUE, SUITE 300  
POMPANO BEACH, FL 33069

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reissuing)

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

000000029340  
02/26/08-90036-019 138.75

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM UPCHURCH, JAMES R JR 1439 SW 26 AVENUE, SUITE 300 FORT LAUDERDALE, FL 33069
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM UPCHURCH, LINDA 1439 SW 26 AVENUE, SUITE 300 POMPANO BEACH, FL 33069
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

11. 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 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.

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

**1/29/08 954-972-2004**  
Daytime Phone #