

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000058249

Entity Name: UPPER EASTSIDE LLC

FILED
Jan 24, 2005
Secretary of State

Current Principal Place of Business:

318 NE 89 STREET
EL PORTA, FL 33138 US

Current Mailing Address:

318 NE 89 STREET
EL PORTA, FL 33138 US

New Principal Place of Business:

10275 COLLINS AVE.
1207
BAL HARBOUR, FL 33154 US

New Mailing Address:

10275 COLLINS AVE.
1207
BAL HARBOUR, FL 33154 US

FEI Number: 20-1675096

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DE LOS SANTOS, STEPHANIE
318 NE 89TH ST
EL PORTA, FL 33138 US

Name and Address of New Registered Agent:

DE LOS SANTOS, EDWIN
10275 COLLINS AVE
1207
BAL HARBOUR, FL 33154 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: EDWIN DE LOS SANTOS

01/24/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGR () Delete
Name: DE LOS SANTOS, EDWIN
Address: 318 NE 89 ST
City-St-Zip: EL PORTA, FL 33138 US

Title: MGR (X) Delete
Name: DE LOS SANTOS, STEPHANIE
Address: 318 NE 89 ST
City-St-Zip: EL PORTA, FL 33138 US

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: DE LOS SANTOS, EDWIN
Address: 10275 COLLINS AVE. SUITE 1207
City-St-Zip: BAL HARBOUR, FL 33154 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: EDWIN DE LOS SANTOS

MGR

01/24/2005

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