

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jan 23, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # L04000085655**

1. Entity Name  
UPSTATE INVESTMENTS #2, LLC



Principal Place of Business  
2001 PALM BEACH LAKES BLVD STE. 300  
WEST PALM BEACH, FL 33409

Mailing Address  
2001 PALM BEACH LAKES BLVD STE. 300  
WEST PALM BEACH, FL 33409



01182006No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
34-2022897

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

DESORMIER-CARTWRIGHT, ANNE  
6664 149 PLACE  
PALM BEACH GARDENS, FL 33418

**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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2006**

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
MGRM  
BARAT, GARY C  
2001 PALM BEACH LAKES BLVD STE. 300  
WEST PALM BEACH, FL 33409

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
MGRM  
GREENSEID, GARY C  
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000000394586  
01/26/06-80016-012 50.00

**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:** Gary C Barat

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

1/18/06 (JVI) 615-0906

Date

Daytime Phone #