


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 28, 2008 8:00 am
Secretary of State

04-28-2008 90049 023 ***138.75

| | |
|---|---|
| DOCUMENT # L04000085655 |  |
| 1. Entity Name UPSTATE INVESTMENTS #2, LLC | |

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|---|---|
| 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 |
|---|---|

60030378

| | | | |
|--|---------|---------------------|---------|
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |



04242008 Chg-LLC CR2E083 (12/06)

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|-----------------------------|--|
| 4. FEI Number 34-2022897 | Applied For <input type="checkbox"/> Not Applicable |
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|---|--------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |
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| 6. Name and Address of Current Registered Agent DESORMIER-CARTWRIGHT, ANNE 480 APPLEWOOD DR STE A-3 JUPITER, FL 33458 | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 480 MAPLEWOOD RIVE SUITE A-3 City JUPITER FL Zip Code 33458 |
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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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

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|---|--|
| FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 | Make check payable to Florida Department of State |
|---|--|

| 9. MANAGING MEMBERS / MANAGERS | | 10. ADDITIONS / CHANGES | |
|--|---|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM BARAT, GARY C 2001 PALM BEACH LAKES BLVD STE. 300 WEST PALM BEACH, FL 33409 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM GREENSEID, GARY C 2001 PALM BEACH LAKES BLVD STE. 300 WEST PALM BEACH, FL 33409 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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 mgrm GARY C BARAT 4/24/08 (561) 615-1906
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #