

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

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

04-28-2008 90049 021 ***138.75

DOCUMENT # L04000088061

1. Entity Name
UPSTATE INVESTMENTS #4, LLC



Principal Place of Business
**2001 PALM BEACH LAKES BLVD. SUITE 300
C/O GARY BARAT
WEST PALM BEACH, FL 33409**

Mailing Address
**2001 PALM BEACH LAKES BLVD. SUITE 300
C/O GARY BARAT
WEST PALM BEACH, FL 33409**

60030380



DO NOT WRITE IN THIS SPACE

04242008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number
34-2022902

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
48 MAPLEWOOD DR
SUITE A3
JUPITER, FL 33458**

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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 _____

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

9. MANAGING MEMBERS/MANAGERS

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
GREENSEID, STEVE
2001 PALM BEACH LAKES BLVD., SUITE 300
WEST PALM BEACH, FL 33409**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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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 MGRM GARY C BARAT

4/24/08 (561) 615-0906

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

Date

Daytime Phone #