

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000092595

FILED  
Jul 05, 2007  
Secretary of State

**Entity Name:** UPTOWN FAMILY PARTNERS, LLC

**Current Principal Place of Business:**

995 S.R. 434, SUITE 305  
LONGWOOD, FL 32714

**New Principal Place of Business:**

**Current Mailing Address:**

995 S.R. 434, SUITE 305  
LONGWOOD, FL 32714

**New Mailing Address:**

FEI Number: 20-2113451      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

PENNE, JOHN  
995 S.R. 434, SUITE 305  
LONGWOOD, FL 32714      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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM      ( ) Delete  
Name: PENNE, JOHN  
Address: 995 S.R. 434, SUITE 305  
City-St-Zip: LONGWOOD, FL 32714

**ADDITIONS/CHANGES:**

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: JOHN R. PENNE

MGRM

07/05/2007

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