

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000078568

FILED  
Apr 14, 2009  
Secretary of State

Entity Name: CITY VIEW, LLC

**Current Principal Place of Business:**

1920 BOOTHE CIRCLE, SUITE 110  
LONGWOOD, FL 32750

**New Principal Place of Business:**

1620 TIMBER HILLS DRIVE  
DELAND, FL 32724

**Current Mailing Address:**

1920 BOOTHE CIRCLE, SUITE 110  
LONGWOOD, FL 32750

**New Mailing Address:**

1620 TIMBER HILLS DRIVE  
DELAND, FL 32724

FEI Number:

FEI Number Applied For ( )

FEI Number Not Applicable (X)

Certificate of Status Desired ( )

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

LOWMAN, WILLIAM R JR ESQ  
SHUFFIELDLOWMAN  
1000 LEGION PLACE, SUITE 1700  
ORLANDO, FL 32801 US

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

LOWMAN, WILLIAM R JR ESQ  
SHUFFIELD LOWMAN  
1000 LEGION PLACE, SUITE 1700  
ORLANDO, FL 32801 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:

04/14/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: UPSIDE ADVANTAGE LLC  
Address: 1920 BOOTHE CIRCLE, SUITE 110  
City-St-Zip: LONGWOOD, FL 32750

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: UPSIDE ADVANTAGE LLC  
Address: 1620 TIMBER HILLS DRIVE  
City-St-Zip: DELAND, FL 32724

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: JON M HALL

MR

04/14/2009

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