2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000089893

26942 PALMETTO BEND DR.

City-St-Zip: WESLEY CHAPEL, FL 33543

Address:

Entity Name: UPLIFT REAL ESTATE PROFESSIONALS, LLC

FILED May 04, 2006 Secretary of State

Current Principal Place of Business:		New Principal Place	New Principal Place of Business:	
26942 PAI	LMETTO BEND DR. CHAPEL, FL 33543	New Fillicipal Flace	or Business.	
Current Mailing Address:		New Mailing Addres	New Mailing Address:	
	LMETTO BEND DR. CHAPEL, FL 33543			
	: 57-1232164 FEI Number Applie ace with s. 607.193(2)(b), F.S., the limite	d For() FEI Number Not Applicable() ed liability company did not receive the prior notice	Certificate of Status Desired ()	
Name and	d Address of Current Registered	d Agent: Name and Address o	of New Registered Agent:	
1203 GOV	S FILINGS INCORPORATED /ERNORS SQUARE BLVD., SUITI SSEE, FL 323012960 US	E 101		
	e named entity submits this statem e of Florida.	ent for the purpose of changing its registere	d office or registered agent, or both	
SIGNATU	RE:			
	Electronic Signature of Reg	gistered Agent	Date	
MANAGING MEMBERS/MANAGERS:		ADDITIONS/CHANGES:	ADDITIONS/CHANGES:	
Title: Name: Address: City-St-Zip:	MGRM () Delete WATSON, CHRISTA 26942 PALMETTO BEND DR. WESLEY CHAPEL, FL 33543	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title:	MGRM () Delete	Title: Name:	() Change () Addition	

Address:

City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: TIM WATSON MGRM 05/04/2006