## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR) – DUE BY MAY 1, 2008

## Mar 12, 2008 8:00 am Secretary of State DOCUMENT # L06000111647 1. Entity Name 03-12-2008 90240 004 \*\*\*138.75 UPSALA PROPERTIES, LLC Principal Place of Business Mailing Address 185 WAYMONT CT. PO BOX 953007 SUITE 111 LAKE MARY FL 32795-3007 LAKE MARY FL 32746 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #. etc. Suite, Apt. #, etc. 1st MOORE CR2E083 (10/07) City & State City & State 4. FEI Number Applied For 20-5912990 Not Applicable Zip Zip Country Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent Name and Address of New Registered Agent MELNIK, DAVID S Street Address (P.O. Box Number is Not Acceptable) 3307 LAKEVIEW OAKS DR. LONGWOOD FL 32779 City Zip Code 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 doligations of registered agent. Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$138.75 After May 1, 2008, Fee Will Be \$538.75 Make Check Payable to Florida Department of State MANAGING MEMBERS/MANAGERS 9. ADDITIONS/CHANGES 10 TITLE ☐ Dalete MGRM TITLE Change Addition CRESCITA, LLC NAME NAME 185 Waymont Ct., Stell STREET ADDRESS 7025 CR 46A, STE. 1071 #354 STREET ADDRESS Lake Mary, FL 32746 CITY-ST-ZIP LAKE MARY FL 32746 TITLE ☐ Delete MGRM TITLE ☐ Change ☐ Addition MAME CHIUSANO, MARK NAME STREET ADDRESS 3364 FERNLAKE PLACE STREET ADDRESS CITY-ST-ZIP LONGWOOD FL 32779 CITY-ST-ZIP THLE Delete TiTLE Change ☐ Addition NAME NAME STREET ADDRESS STREET AUDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STRLET ADDRESS STREET ADDRESS CHY-ST-ZIE CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ■ Addition HAME MARKE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete Change Addition NAME NAME STREET ADDRESS STREET ACCRESS CITY - ST - ZIP CITY-ST-ZIP

11. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

SIGNATURE:

**FILED** 

Daytorie Рокию в