2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000113269

FILED
Apr 18, 2007
Secretary of State

Entity Name: UPPERCUT VENTURES, LLC

Current Principal Place of Business:

4601 W. KENNEDY BLVD.
SUITE 104
TAMPA, FL 33609

New Principal Place of Business:

Current Mailing Address:

4601 W. KENNEDY BLVD.
SUITE 104
TAMPA, FL 33609

New Mailing Address:

FEI Number: 22-3955636 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

VALDES, JIM
4601 W. KENNEDY BLVD.
SUITE 104
TAMPA, FL 33609 US

Name and Address of New Registered Agent:

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:	BOKOR, ED	
Address:	1811 BAYOU GRANDE BLVD. NE	
City-St-Zip:	ST. PETERSBURG, FL 33703	
Title:	MGRM	( ) Delete
Name:	VALDES, JIM	
Address:	924 W. ADALEE ST	
City-St-Zip:	TAMPA, FL 33603	
Title:	MGRM	( ) Delete
Name:	BAILLAIRGE, DEVIN	
Address:	2111 WATROUS AVE.	
City-St-Zip:	TAMPA, FL 33609	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
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: JIM VALDES　　MRGM　　04/18/2007

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