2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 13, 2008
Secretary of State

DOCUMENT# L08000001768

Entity Name: UPPERQUAD SOFTWARE LLC

Current Principal Place of Business:

11106 KEY LARGO DR. W.
JACKSONVILLE, FL 32218 US

New Principal Place of Business:

Current Mailing Address:

11106 KEY LARGO DR. W.
JACKSONVILLE, FL 32218 US

New Mailing Address:

FEI Number: 26-1663964 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

FLORIDA-INCORPORATIONS.NET INC
6574 NORTH STATE ROAD 7
#401
COCONUT CREEK, FL 33073 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: WILLLIAMS, CRAIG
Address: 11106 KEY LARGO DR. W.
City-St-Zip: JACKSONVILLE, FL 32218 US

Title: MGRM ( ) Delete
Name: WILLLIAMS, SABRINA
Address: 11106 KEY LARGO DR. W.
City-St-Zip: JACKSONVILLE, FL 32218 US

ADDITIONS/CHANGES:

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 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: CRAIG T. WILLIAMS PRES 04/13/2008

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