


**2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**May 03, 2004 08:00 AM**  
**Secretary of State**

|  |   |
|--|---|
| <b>DOCUMENT # L99000002009</b><br>1. Entity Name<br>UPAH, L.L.C. |  |
|--|---|

|   |   |
|---|---|
| Principal Place of Business<br>10640 E. COLONIAL DRIVE<br>ORLANDO, FL 32817 | Mailing Address<br>10640 E. COLONIAL DRIVE<br>ORLANDO, FL 32817 |
|---|---|

**DO NOT WRITE IN THIS SPACE**



04272004No Chg-LLC

CR2E083 (10/03)

|   |                                   |
|---|-----------------------------------|
| 4. FEI Number<br>59-3576576                               | Applied For<br>Not Applicable     |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional<br>Fee Required |

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|--|
| 6. Name and Address of Current Registered Agent<br><br>YANTORNI, JAMES<br>10640 E. COLONIAL DRIVE<br>ORLANDO, FL 32817 |
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IN THIS SPACE**

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 obligations of registered agent.


SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reconstituting) \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**Filing Fee is \$50.00  
Due by May 1, 2004**

| 9. MANAGING MEMBERS/MANAGERS                   |  |
|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGRM<br>GLENN, CLAY K<br>10640 E. COLONIAL DRIVE<br>ORLANDO, FL 32817    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGRM<br>RANDOLPH, KELLEY<br>10640 E. COLONIAL DRIVE<br>ORLANDO, FL 32817 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGRM<br>YANTORNI, JAMES<br>10640 E. COLONIAL DRIVE<br>ORLANDO, FL 32817  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |

**DO NOT WRITE  
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:**  **4/27/04** **907221-348**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #