2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

					TILED		
DOCUMENT # L9900002009 TO 1. Entity Name UPAH, LL.C.					Feb 12, 2005 08:00 AM Secretary of State		
Dringinal Dio	no of Rusinese	Mailing Address			1		
Principal Place of Business Mailing Address 10640 E. COLONIAL DRIVE 10640 E. COLONIAL DR			חסועב				
ORLANDO	ORLANDO FL 32817	DRIVE					
) 	#### ## ##############################	IFEN IN IN
2. Principal F	Place of Business	3. Mailing Address	<u> </u>				
,			_				
Suite, Apt. #, etc.		Suite, Apt. #, etc.			1st MOORE	CR2E083 (10/04)	
City & Sta	te .	City & State			4. FEI Number	Ar	plied For
J., J. J.					59-3576576	1	ot Applicat
Zip Country		Zip Co		ntry	5. Certificate of Status Desired	□ \$5.00 Add	
	S. Name and Address of Company	Desire and Booms		,	<u></u>	Fee Require	ed
	6. Name and Address of Current	Hegistered Agent		Name	7. Name and Address of New Re	gistered Agent	
YAI	NTORNI, JAMES			50	(D.O. D. Marie L. M. M. A.	<u> </u>	* W *
10640 E. COLONIAL DRIVE				Street Address	(P.O. Box Number is Not Acceptable)		<u></u> .
URI	LANDO FL 32817						
				City		FL Zip Cod	e
8 The above	a named entity submits this statement to	or the nurnose of changing its	s recustor	ed office or registe	red agent or both in the State of Flor		 and accim
	tions of registered agent.	or the purpose of orlanging to	. 1 0 9 .5(0)	or office of register	rod agong or boar, in the otato or rior	iga. Teatributing with	aura elock;
SIGNATURE			-,			Lauren et Lauren 20	
	Signature, typed or printed name of registered agent	t and title if applicable (NOT	E Registere	d Agent signature require	d when reinstating) .	DATE	
				FEE IS \$50.00			
		Make Check Payab		orida Departme ay 1, 2005	nt of State		
	WALLEN TO THE			ay 1, 2005			<u> </u>
9. TITLE	MANAGING MEMBE		10,	, ,	ADDITIONS/C	<u> </u>	- Addition
NAME	GLENN, CLAY K	☐ Delete	HIII Man	ļ	Hadaaaaa	☐ Change	
STREET ADDRESS	10640 E. COLONIAL DRIVE		STAL	EF ADDRESS	U00000227 02/14/05-800	04 - 024 50.00	
CITY-ST-ZIP	ORLANDO FL 32817	<u> </u>	CITY	-SI-ZIP	***************************************		
TITLE	MGRM	☐ Delete	IIIL	- {		☐ Change	Addition Addition
NAME STREET ADDRESS	RANDOLPH, KELLEY 10640 E. COLONIAL DRIVE		NAM STRE	ET ADDRESS		••	
CITY-SI-ZIP	ORLANDO FL 32817			- ST - ZIP			
THLE	MGRM	☐ Delete	Tiful	r		☐ Change	Additi
NAME	YANTORNI, JAMES		NAM	Æ			
STREET ADDRESS CITY: ST-ZIP	10640 E. COLONIAL DRIVE			ET ADDRESS			
	ORLANDO FL 32817		-1	-SI-ZIP		☐ Change	
TITLE NAME		☐ Delete	TITE! NAM	1		☐ Change	1 1 HILLI
STREET ADDRESS			STRE	ET ADDRESS			
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TITLE		Delete	1(1)	}		Change	Addition
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CitY+SI-ZIP				SI-ZIP			_
HILF		☐ Delete	Hitt			☐ Change	☐ Adis Si
NAME	k		NAM				_
STREET ADORESS CITY ST-ZIP			1	ET ADOPESS -S1-ZIP			
	certify that the information supplied with	this filing does not qualify fo			action 119 07(3)(i) Elorida Statutos 11	orther certify that the in	oformation
indicated	d on this report is true and accurate and ability company or the receiver of truste	that my signature shall have	the same	e legal effect as if r	nade under oath, that I am a manadi	ng member or manage	of the
maniou ne	willy somewiff of the receiver and tuste	o composition to every a mas	teholt as	a radinian nà cumb	ior coo, riginal oracutes.	/	

0/9/05-407 277

SIGNATURE: June Janovas ANOVAS SIGNATURE AND YPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE