

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M03000003171

FILED  
May 16, 2004  
Secretary of State

Entity Name: UPCHUCK, LLC

**Current Principal Place of Business:**

1130 BROWNSHIRE COURT  
LONGWOOD, FL 32779

**New Principal Place of Business:**

**Current Mailing Address:**

1130 BROWNSHIRE COURT  
LONGWOOD, FL 32779

**New Mailing Address:**

FEI Number: 05-0576711

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

JAMES PETER SUMMERVILLE  
3002 ASHPARK  
WINTERPARK, FL 32792 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/MEMBERS:**

Title: MGRM ( ) Delete  
Name: NASSIF, CHARLENE B  
Address: 1130 BROWNSHIRE COURT  
City-St-Zip: LONGWOOD, FL 32779

Title: MGRM ( ) Delete  
Name: JAMES PETER SUMMERVI, LLE  
Address: 3002 ASHPARK  
City-St-Zip: WINTERPARK, FL 32792

Title: MGRM ( ) Delete  
Name: BRUCK, RICHARD H  
Address: 23 MONTICELLO DRIVE  
City-St-Zip: CORONA DEL MAR, CA 92625

**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 Section 119.07(3)(i), 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: CHARLENE B. NASSIF

MGRM

05/16/2004

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