


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Sep 10, 2007 8:00 am
Secretary of State

09-10-2007 90102 040 ****50.00

DOCUMENT # L05000103993

1. Entity Name
BAGS OF UTAH, LLC



Principal Place of Business
**621 E. WASHINGTON ST., SUITE 8
 ORLANDO, FL 32801**

Mailing Address
**621 E. WASHINGTON ST., SUITE 8
 ORLANDO, FL 32801**

60055711

2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State
 Zip Country



08302007 Chg-LLC CR2E083 (12/06)

4. FEI Number
20-3671108

Applied For
 Not Applicable

5. Certificate of Status Desired **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
F&L CORP. ONE INDEPENDENT DRIVE, SUITE 1300 JACKSONVILLE, FL 32202-5017	Name
	Street Address (P.O. Box Number is Not Acceptable)
	City
	State: FL Zip Code

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 reinstating) DATE _____

Filing Fee is \$50.00 Due by September 14, 2007

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MATEER, CRAIG C 621 E. WASHINGTON STREET, SUITE 8 ORLANDO, FL 32801 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MATEER, CRAIG C 6751 FORUM DRIVE SUITE 230 ORLANDO, FL 32821-8089 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  **CRAIG C. MATEER** 9-1-07 321 689 3966

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #