


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2007 8:00 am
Secretary of State

04-23-2007 90097 001 ***150.00

DOCUMENT # F01000000767	
1. Entity Name BLACKHAWK UTA, INC.	

Principal Place of Business 100 NORTH LASALLE STREET, SUITE 910 CHICAGO, IL 60602	Mailing Address 100 NORTH LASALLE STREET, SUITE 910 CHICAGO, IL 60602
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40076600



2. Principal Place of Business - No P.O. Box # 100 N. LASALLE	3. Mailing Address 100 N. LASALLE
Suite, Apt. #, etc. SUITE 2200	Suite, Apt. #, etc. SUITE 2200

04102007 Chg-P CR2E034 (12/06)

City & State CHICAGO, IL	City & State CHICAGO, IL
Zip 60602	Country

4. FEI Number 36-4423334	Applied For <input type="checkbox"/> Not Applicable
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6. Name and Address of Current Registered Agent RICHMAN, MARC 5037 WESLEY DRIVE TAMPA, FL 33647	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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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 _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD RICHMAN, GARY S 100 NORTH LASALLE STREET, SUITE 910 CHICAGO, IL 60602 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT GARY S. RICHMAN 100 N. LASALLE ST., SUITE 2200 CHICAGO, IL 60602 <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

12. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

GARY S. RICHMAN, PRESIDENT
SIGNATURE: _____ **4/13/07** **(312) 580-9090**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #