## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

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## Mar 26, 2007 08:00 A Secretary of State DOCUMENT # L0000009626 1. Entity Name CICO OF UTAH, LLC. Principal Place of Business Mailing Address 830 DEEP LAGOON LANE 830 DEEP LAGOON LANE FORT MYERS, FL 33919 FORT MYERS, FL 33919 03192007 No Chg-LLC CR2E083 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 87-0660491 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent NIPPER, DAVID E DO NOT WRITE 830 DEEP LAGOON LANE FORT MYERS, FL 33919 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE Filing Fee is \$50.00 Due by May 1, 2007 9. MANAGING MEMBERS/MANAGERS MILE MGRM NIPPER, DAVID E NAME STREET ADDRESS 830 DEEP LAGOON LANE CITY-ST-ZIP FORT MYERS, FL 33919 MGRM TITLE U00000678796 NIPPER, BETTY J NAME 04/03/07:80012-016,50,00 STREET ADDRESS 830 DEEP LAGOON LANE CITY-ST-ZIP FORT MYERS, FL 33919 TITLE NAME STREET ADDRESS DO NOT WRITE CJTY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP ΠF T ADDRESS T-ZIP ereby 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 cated 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 additionally company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

MBER, OR AUTHORIZED REPRESENTATIVE

**FILED**