

**LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # LC00000014407

1. Entity Name  
Utopian Design Gallery and Designer Homes, LLC

FILED

02 APR 22 AM 8:13

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business <u>1140 Capital Circle, SE</u> Suite, Apt. #, etc.		3. Mailing Address <u>Same</u> Suite, Apt. #, etc.	
City & State <u>Tallahassee, FL</u>		City & State	
Zip <u>32301</u>	Country <u>USA</u>	Zip	Country

DO NOT WRITE IN THIS SPACE

4. FEL Number <u>59-3638237</u>	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required	

**DO NOT WRITE  
IN THIS SPACE**

**7. Name and Address of Current Registered Agent**

Name  
Andrea V. Nelson, Esquire  
Street Address (P.O. Box Number is Not Acceptable)  
The Nelson Law Firm, P. A.  
251 E. Harrison Street, Ste. 300  
City Tallahassee **FL** Zip Code 32301

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.

SIGNATURE Andrea V. Nelson, Esq. April 22, 2002  
Signature, typed or printed name of registered agent and title if applicable. DATE

**FEE IS \$50.00**  
**Make Check Payable to Department of State**  
**DUE BY MAY 1**

300005338863--0  
-04/25/02--01014--013  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

**9. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>Managing Member</u> <u>Michael Madison</u> <u>10518 Faye Way</u> <u>Tallahassee, FL 32311</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>Managing Member</u> <u>Todd A. McGee</u> <u>10522 Faye Way</u> <u>Tallahassee, FL 32311</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>Managing Member</u> <u>William Freeman</u> <u>409 East Duval Street</u> <u>Lake City, FL 32055</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>Member/President</u> <u>Corey Pressley</u> <u>4396 Cool Emerald Drive</u> <u>Tallahassee, FL 32303</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	

11. I hereby certify that the information supplied with this filing does not qualify 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 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: Todd A. McGee MANAGING MEMBER April 22, 2002 850/201-0900  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083B (12/01)