

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000021142

FILED  
Jan 14, 2009  
Secretary of State

Entity Name: UTILITIES MARKETING GROUP, LLC

**Current Principal Place of Business:**

13100-56TH CT  
705  
CLEARWATER, FL 33760

**New Principal Place of Business:**

**Current Mailing Address:**

13100-56TH CT  
705  
CLEARWATER, FL 33760

**New Mailing Address:**

FEI Number: 01-0583002

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

UPHAM, STEVE  
13100 56TH CT  
705  
CLEARWATER, FL 33760 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/MANAGERS:**

Title: MGRM ( ) Delete  
Name: FRM MAMAGEMENT INC,  
Address: 7110 E CAMBRIA CIRCLE  
City-St-Zip: ORANGE, CA 92869

Title: MGRM ( ) Delete  
Name: HNH, INC,  
Address: 14201 CAROL MANOR DRIVE  
City-St-Zip: LARGO, FL 33774

Title: MGRM ( ) Delete  
Name: QL4,  
Address: 2321 4TH ST C112  
City-St-Zip: SANTA ANA, CA 92705

**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 exemption stated in Chapter 119, 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: HERB ZERDEN

MEM

01/14/2009

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