

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000020825

Entity Name: UTOPIA SERVICES, LLC

FILED
Feb 21, 2005
Secretary of State

Current Principal Place of Business:

3200 TAMIAMI TRAIL NORTH, STE. 200
NAPLES, FL 34103

New Principal Place of Business:

2728 BUCKTHORN WAY
NAPLES, FL 34105

Current Mailing Address:

3200 TAMIAMI TRAIL NORTH, STE. 200
NAPLES, FL 34103

New Mailing Address:

3200 TAMIAMI TRAIL NORTH
SUITE 200
NAPLES, FL 34103

FEI Number: 56-2367862

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LADEMAN, CARRIE B
3200 TAMIAMI TRAIL NORTH, STE. 200
NAPLES, FL 34103 US

Name and Address of New Registered Agent:

LADEMAN, CARRIE E
3200 TAMIAMI TRAIL NORTH
SUITE 200
NAPLES, FL 34103 US

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: CARRIE E. LADEMAN

02/21/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: PALONE, FRED K
Address: 2728 BUCKTHORN WAY
City-St-Zip: NAPLES, FL 34105

Title: MGR () Delete
Name: PALONE, SUZANNE
Address: 2728 BUCKTHORN WAY
City-St-Zip: NAPLES, FL 34105

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM (X) Change () Addition
Name: PALONE, SUZANNE
Address: 2728 BUCKTHORN WAY
City-St-Zip: NAPLES, FL 34105

I hereby certify that the information supplied with this filing does not qualify for the 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 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: FRED K. PALONE

MGRM

02/21/2005

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