


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 20, 2006 8:00 am**  
**Secretary of State**

04-20-2006 90034 037 \*\*\*\*55.00

|                                        |                                                                                   |
|----------------------------------------|-----------------------------------------------------------------------------------|
| <b>DOCUMENT # L03000020825</b>         |  |
| 1. Entity Name<br>UTOPIA SERVICES, LLC |                                                                                   |

|                                                                       |                                                                              |
|-----------------------------------------------------------------------|------------------------------------------------------------------------------|
| Principal Place of Business<br>2728 BUCKTHORN WAY<br>NAPLES, FL 34105 | Mailing Address<br>3200 TAMiami TRAIL NORTH<br>SUITE 200<br>NAPLES, FL 34103 |
|-----------------------------------------------------------------------|------------------------------------------------------------------------------|

|                                |                     |
|--------------------------------|---------------------|
| 2. Principal Place of Business | 3. Mailing Address  |
| Suite, Apt. #, etc.            | Suite, Apt. #, etc. |

|              |              |
|--------------|--------------|
| City & State | City & State |
|--------------|--------------|

|     |         |     |         |
|-----|---------|-----|---------|
| Zip | Country | Zip | Country |
|-----|---------|-----|---------|

01102006 Chg-LLC CR2E083 (11/05)

|                             |                               |
|-----------------------------|-------------------------------|
| 4. FEI Number<br>56-2367862 | Applied For<br>Not Applicable |
|-----------------------------|-------------------------------|

|                                                                      |                                |
|----------------------------------------------------------------------|--------------------------------|
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | \$5.00 Additional Fee Required |
|----------------------------------------------------------------------|--------------------------------|

|                                                                                |  |
|--------------------------------------------------------------------------------|--|
| 6. Name and Address of Current Registered Agent                                |  |
| LADEMAN, CARRIE E<br>3200 TAMiami TRAIL NORTH<br>SUITE 200<br>NAPLES, FL 34103 |  |

|                                                    |          |
|----------------------------------------------------|----------|
| 7. Name and Address of New Registered Agent        |          |
| Name                                               |          |
| Street Address (P.O. Box Number is Not Acceptable) |          |
| City                                               |          |
| FL                                                 | Zip Code |

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 \_\_\_\_\_

|                                                     |                                                              |
|-----------------------------------------------------|--------------------------------------------------------------|
| <b>Filing Fee is \$50.00<br/>Due by May 1, 2006</b> | <b>Make check payable to<br/>Florida Department of State</b> |
|-----------------------------------------------------|--------------------------------------------------------------|

| 9. MANAGING MEMBERS/MANAGERS                   |                                                                                                   | 10. ADDITIONS/CHANGES                          |                                                                   |
|------------------------------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------|-------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGRM<br>PALONE, FRED K<br>2728 BUCKTHORN WAY<br>NAPLES, FL 34105 <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGRM<br>PALONE, SUZANNE<br>2728 BUCKTHORN WAY<br>NAPLES, FL-34105 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

11. 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 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:** *Fred K Palone* **2/10/06** **239-434-5546**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

ATTACHMENT

20032638

#L03000020825



WOODWARD, PIRES & LOMBARDO, P.A.

A t t o r n e y s - A t - L a w

April 17, 2006

CRAIG R. WOODWARD ●  
MARK J. WOODWARD  
ANTHONY P. PIRES, JR. ■  
J. CHRISTOPHER LOMBARDO  
STEVEN V. BLOUNT  
CARRIE E. LADEMAN

Division of Corporations  
P.O. Box 6478  
Tallahassee, FL 32314

Re: Utopia Services, LLC

CARLO F. ZAMPOGNA  
JENNIFER L. SZYMANSKI

To Whom It May Concern:

Enclosed for filing please find the original 2006 Annual Report for the above referenced limited liability company and a check in the amount of \$55.00 for the filing fee and Certificate of Status.

Please feel free to contact me if you have any questions or need anything further.

Very truly yours,

Nicole Turley  
Assistant to Carrie E. Lademan, Esq.

\nmt  
Enclosures

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