DEC-09-2004 THU 04:13 PM BRIGID D SOLDAVINI,CPA

12/08/2004 15:47 FAX 2394340620 UTOPIA SERVICES

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9/30/2004-90087-016-$150.00-$150.00

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000052040

1. Entity Name
UTOPIA INVESTMENTS, LLC

2004 DEC 10 AM 8:19
FILED
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
2728 BUCKTHORN WAY NAPLES, FL 34105	2728 BUCKTHORN WAY NAPLES, FL 34106

09202004 Chg-LLC CR2E080 (10/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 20-0472003 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MORRIS, WILLIAM G 247 N. COLLIER BLVD. 202 MARCO ISLAND, FL 34145	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 ______ 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 September 5, 2004 — Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM PALONE, FRED K 2728 BUCKTHORN WAY NAPLES, FL 34105	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM PALONE, SUZANNE 2728 BUCKTHORN WAY NAPLES, FL 34105	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

REINSTATEMENT 2004

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: Fred K. Palone FRED K. PALONE 12/9/04 239-434-5596

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #