

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000052040

Entity Name: UTOPIA INVESTMENTS, LLC

FILED  
Feb 21, 2005  
Secretary of State

## Current Principal Place of Business:

2728 BUCKTHORN WAY  
NAPLES, FL 34105

## New Principal Place of Business:

## Current Mailing Address:

2728 BUCKTHORN WAY  
NAPLES, FL 34105

## New Mailing Address:

3200 TAMIAMI TRAIL NORTH  
SUITE 200  
NAPLES, FL 34109 US

FEI Number: 20-0472003

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

MORRIS, WILLIAM G  
247 N. COLLIER BLVD.  
202  
MARCO ISLAND, FL 34145 US

## Name and Address of New Registered Agent:

LADEMAN, CARRIE E  
3200 TAMIAMI TRAIL NORTH  
SUITE 200  
NAPLES, FL 34109 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: MGRM ( ) 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: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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