2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Jan 07, 2005 8:00 am Secretary of State

DOCUMENT # L04000075505 1. Entity Name LOT 14 UTAH, L.L.C.							01-07-2005 90023 026 ****50.00
Principal Place of Business 112 LANSING ISLAND DRIVE INDIAN HARBOR BEACH, FL 32927			Mailing Address 112 LANSING ISLAND DRIVE INDIAN HARBOR BEACH, FL 32927				
2. Principal P	Place of Busin	ness	3. Mailing Address				
Suite, Apt. #, etc.			Suite, Apt. #, etc.				01042005 Chg-LLC CR2E083 (10/03)
City & State			City & State				4. FEI Number Applied For Not Applied be
Zip	Country		Zjp Count		try		5. Certificate of Status Desired S5.00 Additional Fee Required
	6. Name	and Address of Current	Registered Agent		Mama		7. Name and Address of New Registered Agent
WILLIAMS, MICHAEL H							
	AU GALL	IE BOULEVARD, SU	FE A Street Add			ddress (F	s (P.O. Box Number is Not Acceptable)
					City		FL Zip Code
8. The above	named entit	y submits this statement fo	the purpose of changing its	registere	ed office o	registere	ered agent, or both, in the State of Florida. I am familiar with, and accept
ு -the obligations of registered agent. கான சிச்சர்கள் உண்ணிருக்கள் இரு கொண்டுகள் அரும் படிக்கு கண்ணிருக்கள் இருந்து கண்ணிருக்கு முறியில் அருக்கு முறியில் அரு							
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)							
F	iling Fee i ue by Ma	is \$50.00 y 1, 2005	□: ***	1 1 1 4 2 6 15 2 6 15			Make check payable to Florida Department of State
9.	Γ	MANAGING MEMBE		10.		414	ADDITIONS/CHANGES
TITLE NAME			☐ Delete	TITLE NAME		MG	SKM Change Addition
STREET ADDRESS CITY-ST-ZIP				STREE	Et address St-zip	112 L	GRM Change Maddition Change Maddition Lansing Island Dr. Lian Harbor Beach, FL 32937
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete				☐ Change ☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP	, - -		- Delate				☐ Change. ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete				☐ Change ☐ Addition
TITLE			☐ Delete	TITLE			☐ Change ☐ Addition
NAME STREET ADDRESS	· · -	1.12=	· · · · · · · · · · · · · · · · · · ·	NAME STREE	T ADDRESS"		
CITY-ST-ZIP				CITY-	ST-ZIP		्राहरू कु र सम्ब यामार्थल काराज्य
TITLE	<u>r</u> us. (1)		☐ Defete	TITLE NAME			graph operation Change 🗖 Addition
STREET ADDRESS CITY-ST-ZIP	iiDu yaa is saa		the state of the s		T ADDRESS ST-ZIP		TSUE
11. I hereby certify that the information supplied with this filling 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 feceiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes. 1							
SIGNATURE: 1-5-05 371-757-5750 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Date Desprime Phone #							