


LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

DOCUMENT # L05000653780	
1. Entity Name Utopian Land + Development LLC	

FILED

07 APR 30 AM 8:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 10505 Valentine Rd So,		3. Mailing Address 10505 Valentine Rd So,	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Tallahassee FL		City & State Tallahassee FL	
Zip 32317	Country USA	Zip 32317	Country USA

CR2E083B (8/05)

4. FEI Number 20-2953401	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required	

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name Teresa Edwards
Street Address (P.O. Box Number is Not Acceptable) 10505 Valentine Rd. South
City Tallahassee FL Zip Code 32317

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.

DATE

FEE IS \$50.00

**Make Check Payable to Florida Department of State
DUE BY MAY 1**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP mgrm Teresa A. Edwards 10505 Valentine Rd South Tallahassee, FL 32317	TITLE NAME STREET ADDRESS CITY-ST-ZIP 300101630843 05/07/07--01005--015 **50.00
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IN THIS SPACE**

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: **Teresa A. Edwards**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4-30-07 850-556-1265

Date

Daytime Phone #