ANNUAL RE DOCUMENT # L05000064429

FILED Feb 27, 2006 8:00 am Secretary of State

1. Entity Nan	THE THE LOSS OF TH			01-31-2006	5 90024 041 **	30.00	
i i	ce of Business	Mailing Address					
51410 MILA Macomb, M		51410 MILANO DRIVE MACOMB, MI 48042) JEGNEW PIN	sarði áfns áðns sam sam í	ETRI AINI BITH MITS IITIS	rålæst om mæt
2. Principal Place of Business		3. Mailing Address	3. Mailing Address				
Suile, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		Chg-LLC	CR2E083 (11/05	i)
City & State		City & State	City & State) - 3033°	148	Applied For Not Applicable
Zip	Country	Zip	Country		of Status Desired	S5.00 A	dditional red
	6. Hame and Address of Co	urrent Registered Agent	Name O	7. Name and	Address of New Re	gistered Agent	
	ATTON COMPANY OF OR	— <u>— D</u>	athony-	<u>Ferlita</u>			
300 SOUTH ORANGE AVENUE SUITE 1000 (JGH)			Street Addr	ISS (P.O. Box Numbe	r is Not Acceptable) 405		
ORLANDO, FL 32801			1490	O Roya	1 Harbo	<u>ur Cour</u>	+
			City For	- Meuex		FL Zp S	<u>3908</u>
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 lamiliar with, and accept the obligations of registered agent.							
SIGNATURE							
Signature, typed or printed name of regular afficer fined side if applicable. (NOTE: Registered Agent signature required when renestating) DATE							
Filing Fee is \$80.00 Due by May 1, 2006						check payable to Department of Sta	te
9.	MANAGING M	EMBERS/MANAGERS	10.		ADDITIONS/C		
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FLORIDA DEPARTMENT OF STATE Division of Corporations

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UTICA LANDSHORE, LLC 51410 MILANO DRIVE MACOMB, MI 48042

Subject: UTICA LANDSHORE, LLC

Reference Number:

L05000064429

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$50.00; however, the report <u>has not been filed</u> and a copy is being returned for the following correction(s):

Provide the title(s) of each manager, managing member or principal listed on the report or on an attachment.

Casya (Carting Continue).

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

/MH

ANNUAL REPORTS SECTION