

# **2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000040530

Entity Name: UTILITY ASSOCIATES, LLC

**FILED**  
**Apr 29, 2008**  
**Secretary of State**

**Current Principal Place of Business:**

773 S. KIRKMAN RD.  
SUITE 118  
ORLANDO, FL 32811

**New Principal Place of Business:**

1601 PARK CENTER DRIVE  
SUITE 6A  
ORLANDO, FL 32835

**Current Mailing Address:**

P.O. BOX 5464  
SALT SPRINGS, FL 32134

**New Mailing Address:**

FEI Number: 20-4757970

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SMALL BUSINESS RESOURCES USA, INC.  
773 S. KIRKMAN RD.  
SUITE 118  
ORLANDO, FL 32811 US

**Name and Address of New Registered Agent:**

SMALL BUSINESS RESOURCES USA, INC.  
1601 PARK CENTER DRIVE  
SUITE 6A  
ORLANDO, FL 32835 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: JAMES K. DUERR, CPA

04/29/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: BROSCHE, LEO A III  
Address: P.O.BOX 5464  
City-St-Zip: SALT SPRINGS, FL 32134

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: LEO A. BROSCHE, III

MGRM

04/29/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date