

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L06000103798

1. Entity Name
COLLEGE DOWNS UTAH, LLC



Principal Place of Business
633 SOUTH FEDERAL HIGHWAY, #400A
FT. LAUDERDALE, FL 33301

Mailing Address
633 SOUTH FEDERAL HIGHWAY, #400A
FT. LAUDERDALE, FL 33301

Page 1 of 4

FILED

08 JUN -6 PM 12:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

01162008No Chg-LLC

CR2E083 (12/07)

4. FEI Number
20-5778063

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

MORGAN, WALTER L
633 SOUTH FEDERAL HIGHWAY, #400A
FT. LAUDERDALE, FL 33301

**DO NOT WRITE
IN THIS SPACE**

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 (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	GILL, LINDA L
STREET ADDRESS	1500 CORDOVA ROAD, #214
CITY-ST-ZIP	FT. LAUDERDALE, FL 33316
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

up 6/9/08

900131091049
06/10/08--01007--001 **138.75

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

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

Date

Daytime Phone #

Walter L Morgan, President

2-19-08 (CRA) 695-2082



Page 2 of 4

P.O. Box 21277
Fort Lauderdale, FL 33335
Phone: 954.525.3451 • Fax: 954.524.2935

June 6, 2008

Ms. Nanette Causseaux
Division of Corporations
Registration Section
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Re: Doc. # L06000103798, College Downs Utah, LLC

Dear Ms. Causseaux:

Thank you for your assistance on the telephone today regarding the 2008 Limited Liability Company Annual Report filing for College Downs Utah, LLC. The document and payment were sent to the Division of Corporations on February 22, 2008, via certified mail. They were received by the Department of State on February 26, 2008. A copy of the certified mail receipt and return receipt are enclosed. However, the report was not filed and the check was not deposited. We will put a stop payment on our check #1170.

Enclosed, please find a replacement check and a copy of the annual report.

Thank you for your assistance with this matter.

Sincerely yours,

A handwritten signature in black ink that reads "Kathy Buchanan". The signature is written in a cursive, flowing style.

Kathy Buchanan
Business Manager

Enc.

Page 3 of 4

7003 2260 0000 6081 1417

U.S. Postal Service™	
CERTIFIED MAIL™ RECEIPT	
<i>(Domestic Mail Only; No Insurance Coverage Provided)</i>	
For delivery information visit our website at www.usps.com	
TALLAHASSEE, FL 32314	
OFFICIAL USE	
Postage	\$ 0.41
Certified Fee	\$2.65
Return Receipt Fee (Endorsement Required)	\$2.15
Restricted Delivery Fee (Endorsement Required)	\$0.00
Total Postage & Fees	\$5.21
Sent To <u>Division of Corporations</u> Street, Apt. No., or PO Box No. <u>P.O. Box 6198</u> City, State, ZIP+4 <u>Tallahassee, FL 32314</u>	
PS Form 3800, June 2002 See Reverse for Instructions	

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Division of Corporations
P.O. Box 6198
Tallahassee, FL 32314

2. Article Number

(Transfer from service label)

7003 2260 0000 6081 1417

PS Form 3811, August 2001

COMPLETE THIS SECTION ON DELIVERY

A. Signature

DEPT. OF STATE

X

☐ Agent

☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1?
If YES, enter delivery address below

☐ Yes

☐ No

3. Service Type

☐ Certified Mail

☐ Express Mail

☐ Registered

☐ Return Receipt for Merchandise

☐ Insured Mail

☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

Domestic Return Receipt

102595-02-M-1541

Page 4 of 4

Security-enhanced document. See back for details.

COLLEGE DOWNS UTAH, LLC
1500 CORDOVA RD. STE 214
FORT LAUDERDALE, FL 33316-2190

1170

DATE Feb 21, 2008 63-4/630-82

PAY TO THE ORDER OF Florida Department of State \$ 138⁷⁵/₁₀₀

One hundred and thirty-eight and ⁷⁵/₁₀₀ DOLLARS

Bank of America
ACH R/T 063100277

FOR L06000103798 [Signature]

⑈001170⑈ ⑈063000047⑈ 229006566316⑈

GUARDIAN • SAFETY