

09-2007 02:32PM FROM-

T-304 P.003/003 F-135

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

8/6/2007-90056-005-\$50.00-\$50.00

DOCUMENT # L06000114144

1. Entity Name
UTAH ADVISORS, LLC

Principal Place of Business
BOCA CORPORATE CENTER, SUITE 238
2300 CORPORATE BLVD. N.W.
BOCA RATON, FL 33431

Mailing Address
BOCA CORPORATE CENTER, SUITE 238
2300 CORPORATE BLVD. N.W.
BOCA RATON, FL 33431

2. Principal Place of Business - No P.O. Box #
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
City & State

Zip
Country
Zip
Country

4. Name and Address of Current Registered Agent
MCLAREN, LINDA O
798 SO. FEDERAL HIGHWAY
SUITE 100
BOCA RATON, FL 33432

5. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

6. 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 (am I am not), and accept (do not accept) the obligations of registered agent.

SIGNATURE
Filing Fee is \$50.00 Due by September 10, 2007
Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Manager John W. Temple 2300 Corporate Boulevard, N.W. Suite 238, Boca Raton, Florida 33432	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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. I am a managing member or manager of the limited liability company or the receiver or trustee empowered to file this report as required by Chapter 606, Florida Statutes.

SIGNATURE Linda O McLaren 7/31/07 561-395-1000

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

07 SEP 12 PM 3:37

Vertical stamp: I CERTIFY TO THIS THE ONLY COPY SENT TO THE STATE ARCHIVES OFFICE

07172007 Chg-LLC CR2E063 (12/06)

4. FEI Number 26-0883316 Applied For Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required

FL Zip Code

(NOTE: Registered Agent signature required when necessary)

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES

Table with 4 columns: TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP. Includes checkboxes for Delete, Change, Addition.

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

SIGNATURE Linda O McLaren 7/31/07 561-395-1000