

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 01, 2008 8:00 am**  
**Secretary of State**

05-01-2008 90034 042 \*\*\*138.75

<b>DOCUMENT # L07000025390</b>					
<b>1. Entity Name</b> UTOPIA, LLC					
<b>Principal Place of Business</b> 1720 S.E. 16TH AVE., BLDG. 200 OCALA, FL 34471			<b>Mailing Address</b> 1720 S.E. 16TH AVE., BLDG. 200 OCALA, FL 34471		
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	<b>4. FEI Number</b> 20-8638766	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$5.00 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  HAINES, TIM D 125 N.E. FIRST AVENUE, SUITE 1 OCALA, FL 34470			<b>7. Name and Address of New Registered Agent</b> Name <u>Ray T. Boyd III</u> Street Address (P.O. Box Number is Not Acceptable) <u>1720 SE 16th Ave., #200</u> City <u>Ocala</u> FL Zip <u>34471</u>		
<b>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.</b> SIGNATURE <u>Ray T. Boyd III</u> DATE <u>2-18-08</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!! FEE IS \$138.75</b> <b>After May 1, 2008 Fee will be \$538.75</b>			<b>Make check payable to</b> <b>Florida Department of State</b>		
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BOYD, ROY T 1720 S.E. 16TH AVE., BLDG. 200 OCALA, FL 34471	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ECCLESTONE, E. LLWYD 1720 S.E. 16TH AVE., BLDG. 200 OCALA, FL 34471	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ECCLESTONE, E. LLWYD 1720 S.E. 16TH AVE., BLDG. 200 OCALA, FL 34471	<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ECCLESTONE, E. LLWYD 1720 S.E. 16TH AVE., BLDG. 200 OCALA, FL 34471	<input type="checkbox"/> Delete			
<b>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.</b>					
<b>SIGNATURE:</b> <u>Ray T. Boyd III</u> DATE <u>2-18-08</u> DAYTIME PHONE # <u>352-861-2248</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					