## 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

## Feb 14, 2005 8:00 am DOCUMENT # M04000001317 Secretary of State 1. Entity Name UTILIPATH, LLC 02-14-2005 90183 011 \*\*\*\*50 00 Principal Place of Business Mailing Address 557 ESPIE LITTLE RD <del>557 ESPIE LITTLE R</del>D TAYLORSVILLE, NC 28681 TAYLORSVILLE, NC 28681 2. Principal Place of Business 3. Mailing Address 6025 Chiltern Suite, Apt. #, etc. Suite, Apt: #, etc. 02022005 Chg-ЩС CR2E083 (10/03) City & State City & State 4. FEI Number Applied For untersville, MC 20-0085576 Not Applicable Zip Country Country \$5.00 Additional 5. Certificate of Status Desired 28078 υSA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HAYES, BAXTER M JR Street Address (P.O. Box Number is Not Acceptable) 86007 EASTPORT DRIVE FERNANDINA BEACH, FL 32034 Zip Code 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) Make check payable to Filing Fee is \$50.00 Due by May 1, 2005 Florida Department of State 1.5 Jah. . Characte Market MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. MGR TITLE Delete TITLE ☐ Change ☐ Addition HAYES, BAXTER M JR NAME NAME 86007 EASTPORT DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FERNANDINA BEACH, FL 32034 MGR TITLE ☐ Delete TITLE Change ☐ Addition NAME HAYES, BAXTER M III NAME 1088 Hollyheath Lane 4088-HOLLYBEATH LIV STREET ADDRESS STREET ADDRESS CUY-ST-7IP CHARLOTTE, NC 28209 CITY-ST-ZIP MGR Change ☐ Addition TITLE ☐ Delete TILE HAYES, JARROD T NAME NAME STREET ADDRESS 1505 BRIDFORD PKWY., STE TOH STREET ADDRESS CITY-ST-ZIP GREENSBORO, NC 27407 CITY-ST-ZIP MC SEO18 Change TITLE ☐ Delete TITLE Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition MLE Delete TILLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: AND TYPED OR PRINTED MAKE OF SIGNING MANAGER, OR AUTHORIZED REPRESENTATIVE Date Depting Phone #