

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M06000001311

FILED
Mar 13, 2007
Secretary of State

Entity Name: ACP/UTAH LLC

Current Principal Place of Business:

444 BRICKELL AVE. SUITE 900
MIAMI, FL 33131

New Principal Place of Business:

444 BRICKELL AVE.
SUITE 900
MIAMI, FL 33131

Current Mailing Address:

444 BRICKELL AVE. SUITE 900
MIAMI, FL 33131

New Mailing Address:

444 BRICKELL AVE.
SUITE 900
MIAMI, FL 33131

FEI Number: 20-1058156

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DUNNE, LORRI
444 BRICKELL AVE. SUITE 900
MIAMI, FL 33131 US

Name and Address of New Registered Agent:

LEGAGNEUR, NATHALIE
444 BRICKELL AVE.
SUITE 900
MIAMI, FL 33131 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: NATHALIE LEGAGNEUR

03/13/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: ACP SOUTH FLORIDA LL, C
Address: 444 BRICKELL AVE. SUITE 900
City-St-Zip: MIAMI, FL 33131

Title: MGRM () Delete
Name: UTAH STATE RETIREMEN, T INVESTMENT F U ND
Address: 540 EAST 200 SOUTH 4TH FLOOR
City-St-Zip: SALT LAKE CITY, UT 84102

ADDITIONS/CHANGES:

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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: ALLEN C. DE OLAZARRA

MGRM

03/13/2007

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