

FILED
Jul 21, 2004 8:00 am
Secretary of State

04-28-2004 90062 031 ****50.00

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

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34009436



DOCUMENT # M03000001625
 1. Entity Name
USA COURT VILLAGE 10, LLC



Principal Place of Business
**701 EAST BYRD STREET, 15TH FLOOR
 RICHMOND, VA 23219**

Mailing Address
**701 EAST BYRD STREET, 15TH FLOOR
 RICHMOND, VA 23219**

2. Principal Place of Business
 Suits, Apt. #, etc.

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

City & State

City & State

Zip Country Zip Country

02052004 Chg-LLC CR2E083 (10/03)

4. FEI Number Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
**LEXISNEXIS DOCUMENT SOLUTIONS INC.
 1201 HAYS STREET
 TALLAHASSEE, FL 32301**

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$50.00
 Due by May 1, 2004**

Make check payable to
 Florida Department of State

9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DEMARZO, PETER 7596 VISTA RANCHO COURT RANCHO SANTA FE, CA 92067 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DEMARZO, AGINAH 7596 VISTA RANCHO COURT RANCHO SANTA FE, CA 92067 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Peter Demarzo* **PETER DEMARZO** 3/11/04 760-738-7700
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #