


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 MAY 11 AM 11:15

| | | |
|---|---|---|
| DOCUMENT # M03000003258 1. Entity Name USA BRADENTON 4, 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 | |



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| U.S. Advisor, LLC Five Financial Plaza, Suite 105 Napa, CA 94558 | U.S. Advisor, LLC Five Financial Plaza, Suite 105 Napa, CA 94558 |
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04122005 Chg-LLC CR2E083 (10/03)

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|---|---|
| 4. FEI Number NOT APPLICABLE | Applied For <input type="checkbox"/> |
| 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required | |

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|---|--|
| 6. Name and Address of Current Registered Agent LEXISNEXIS DOCUMENT SOLUTIONS 1201 HAYS STREET TALLAHASSEE, FL 32301-2525 | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code |
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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, 2005**

**Make check payable to
Florida Department of State**

| 9. MANAGING MEMBERS/MANAGERS | | 10. ADDITIONS/CHANGES | |
|--|---|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM HILL, D.D., JR. & MOWDY, K.M., HUSBAN&WIFE P.O. BOX J FEATHER FALLS, CA 95940 <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: *David D. Hill Jr.* *Kathleen M. Mowdy* 4/20/05 530 589 4641

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #