


**2005 LIMITED LIABILITY COMPANY ANNUAL REPORT**

5/1

**FILED**  
**Jun 06, 2005 8:00 am**  
**Secretary of State**

05-05-2005 90027 001 \*\*\*950.00

|   |   |   |
|---|---|---|
| <b>DOCUMENT # M04000000321</b>  |   |  |
| 1. Entity Name<br>USA HAMPTONS 8, LLC   |   |   |
| Principal Place of Business<br>701 EAST BYRD STREET, 15TH FLOOR<br>RICHMOND, VA 23219 | Mailing Address<br>701 EAST BYRD STREET, 15TH FLOOR<br>RICHMOND, VA 23219 |   |
| 2. Principal Place of Business  | 3. Mailing Address  |   |

30008671



04132005 Chg-LLC CR2E083 (10/03)

U.S. Advisor, LLC  
 Five Financial Plaza, Suite 105  
 Napa, CA 94558

U.S. Advisor, LLC  
 Five Financial Plaza, Suite 105  
 Napa, CA 94558

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

|  |   |
|--|---|
| 6. Name and Address of Current Registered Agent<br><br>CORPORATION SERVICE COMPANY<br>1201 HAYS STREET<br>TALLAHASSEE, FL 32301-2525 | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><b>FL</b> 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 \_\_\_\_\_  
Signatures, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) 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                        | MGRM             | <input type="checkbox"/> Delete |  | TITLE                 |  | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME                         | KITSON, MARK A   |                                 |  | NAME                  |  |                                 |                                   |
| STREET ADDRESS               | 111 MOHAWK COURT |                                 |  | STREET ADDRESS        |  |                                 |                                   |
| CITY-ST-ZIP                  | LIMA, OH 45806   |                                 |  | CITY-ST-ZIP           |  |                                 |                                   |
| TITLE                        |                  | <input type="checkbox"/> Delete |  | TITLE                 |  | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME                         |                  |                                 |  | NAME                  |  |                                 |                                   |
| STREET ADDRESS               |                  |                                 |  | STREET ADDRESS        |  |                                 |                                   |
| CITY-ST-ZIP                  |                  |                                 |  | CITY-ST-ZIP           |  |                                 |                                   |
| TITLE                        |                  | <input type="checkbox"/> Delete |  | TITLE                 |  | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME                         |                  |                                 |  | NAME                  |  |                                 |                                   |
| STREET ADDRESS               |                  |                                 |  | STREET ADDRESS        |  |                                 |                                   |
| CITY-ST-ZIP                  |                  |                                 |  | CITY-ST-ZIP           |  |                                 |                                   |
| TITLE                        |                  | <input type="checkbox"/> Delete |  | TITLE                 |  | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME                         |                  |                                 |  | NAME                  |  |                                 |                                   |
| STREET ADDRESS               |                  |                                 |  | STREET ADDRESS        |  |                                 |                                   |
| CITY-ST-ZIP                  |                  |                                 |  | CITY-ST-ZIP           |  |                                 |                                   |

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: Mark Kitson MARK KITSON 4/22/05  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #