

APR-13-2005 02:47 PM FRED KAHANE

5/52<sup>5</sup>

FILED  
Jun 20, 2005 8:00 am  
Secretary of State

05-05-2005 90028 001 \*1,000.00

**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**DOCUMENT # MD4000004089**

1. Body Name  
USA POLDS 2, 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  
U.S. Advisor, LLC  
Five Financial Plaza, Suite 105  
Napa, CA 94558

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

04182008 Cng-LLC 04182008 (10/02)

4. FID Number Applied For  
 (Not Applicable)

5. Coverage of Fraud Deceit  \$0.00 Additional Fee Required

6. Name and Address of Current Registered Agent  
CORPORATION SERVICE COMPANY  
1201 NAYS STREET  
TALLAHASSEE, FL 32301-2625

7. Name and Address of New Registered Agent

City  FL  DC Cook

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: \_\_\_\_\_

Fee Due by May 1, 2006

8. (FINANCIAL) MEMBERS/MANAGERS		9. ADAPTIVE/CHANGING	
TITLE	MEMBER <input type="checkbox"/> OR <input type="checkbox"/> MANAGER	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THE KAHANE TRUST DATED MARCH 28, 2000	NAME	
STREET ADDRESS	1122 MARCO PLACE	STREET ADDRESS	
CITY-STATE-ZIP	VENICE, CA 90291	CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> Change	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-STATE-ZIP		CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> Change	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-STATE-ZIP		CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> Change	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-STATE-ZIP		CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> Change	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-STATE-ZIP		CITY-STATE-ZIP	

10. I hereby certify that the information included here this filing does not qualify for the exemption stated in Section 118.07(3), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my appointment here the above legal effect as I 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 808, Florida Statutes.

SIGNATURE: *Fred Kahane Trustee* April 13, 2005, 316-3961825