

**LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

APPROVED  
AND  
FILED

02 JUN 27 PM 1:45

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L01000019089

1. Entity Name

USA BROADMOOR LEASECO, LLC

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

5005 INTERBAY BOULEVARD

3. Mailing Address

5005 INTERBAY BOULEVARD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
TAMPA, FLORIDA

City & State  
TAMPA, FLORIDA

4. FEI Number

Applied For

☒ Not Applicable

Zip  
33611

Country  
USA

Zip  
33611

Country  
USA

5. Certificate of Status Desired ☒

\$5.00 Additional  
Fee Required

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

ANTHONY EVERETT

Street Address (P.O. Box Number is Not Acceptable)

5005 INTERBAY BOULEVARD

City  
TAMPA

FL

Zip Code  
33611

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

DATE

FEE IS \$50.00

Make Check Payable to Department of State  
DUE BY MAY 1

000006135130--0  
-07/01/02--01094--001  
\*\*\*\*165.00 \*\*\*\*\*55.00

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Member INTERNACIONAL REALTY, INC. 5005 INTERBAY BOULEVARD TAMPA, FL 33611	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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:

SCOTT J. FUERST, AUTHORIZED REPRESENTATIVE

6/26/02

(954) 527-2417

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083B (12/01)