

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 31, 2006 8:00 am
Secretary of State

04-28-2006 90028 039 ****50.00

DOCUMENT # L01000019089

1. Entity Name
USA BROADMOOR LEASECO, LLC



Principal Place of Business
**405 N. ST. MARY'S ST. #850
SAN ANTONIO, TX 78205 US**

Mailing Address
**405 N. ST. MARY'S ST. #850
SAN ANTONIO, TX 78205 US**

30009249



04202006 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 58-2664810	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent

**EVERETT, ANTHONY
5005 INTERBAY BOULEVARD
TAMPA, FL 33611**

**DO NOT WRITE
IN THIS SPACE**

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

Signature, 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, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR INTERNACIONAL REALTY, INC. 5005 INTERBAY BOULEVARD TAMPA, FL 33611
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CARAWAY, JR., HUGH L 405 N. ST. MARY'S ST. #850 SAN ANTONIO, TX 78205
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**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

Antonio Talanante / Controller

5-24-06

210-211-1469

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

Date

Daytime Phone #