


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED

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

04-28-2006 90028 037 ****50.00

DOCUMENT # L01000019090 1. Entity Name USA BROADMOOR, LLC	
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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
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30009253



04202006 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 58-2664195	Applied For <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 EVERETT, ANTHONY 5005 INTERBAY BOULEVARD TAMPA, FL 33611
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**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 reinstating) DATE

**Filing Fee is \$50.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR USA BROADMOOR MANAGER, LLC 5005 INTERBAY BOULEVARD TAMPA, FL 33611
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CARAWAY, HUGH L 405 N. ST. MARY'S ST. #850 SAN ANTONIO, TX 78205
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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 Talamante / CONTROLLER* 5-26-06 210-281-1465
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #