

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**May 03, 2007 08:00 A**  
**Secretary of State**

DOCUMENT # L01000019090

1. Entity Name  
USA BROADMOOR, 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



02232007 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
58-2664195

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$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 reinstating)

DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2007**

**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	

U000000758996  
05/24/07-80065-006 \$50.00

**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: \_\_\_\_\_

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

3-1-07

Date

210.281.1469

Daytime Phone #