


**2005 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Jan 14, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # L02000008853 1. Entity Name NATIONAL U.S. ALLIANCE, LLC	
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Principal Place of Business 2100 ALT. US 19 NORTH PALM HARBOR, FL 34683	Mailing Address 2100 ALT. US 19 NORTH PALM HARBOR, FL 34683
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**DO NOT WRITE IN THIS SPACE**



01112005 No Chg-LLC CR2E083 (10/03)

4. FEI Number 03-0427636	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

FINLEY, MYRON G ESQ.  
 FINLEY, FLETCHER & MYERS, LLP  
 413 CLEVELAND STREET  
 CLEARWATER, FL 33755

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00**  
**Due by May 1, 2005**

**9. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM MARSH, EDWARD E III. 2100 ALT. US 19 NORTH PALM HARBOR, FL 34683
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM KUGLER, TODD 2100 ALT. US 19 NORTH PALM HARBOR, FL 34683
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 01/14/05-80007-013 50.00

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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:**  **1/14/05**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #