LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State
05-05-2003 91433 017 ****50.00

30068466

DOCUMENT # L02000032009

1. Entity Name
USAHOMESITES, LLC

DO NOT WRITE IN THIS SPACE

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2. Principal Place of Business	3. Mailing Address
200 SOUTH STARCREST DR.	200 SOUTH STARCREST DR.
Suite, Apt. #, etc. # 304	Suite, Apt. #, etc. # 304
City & State CLEARWATER, FL	City & State CLEARWATER, FL
Zip 33765 Country US	Zip 33765 Country US

4. FEI Number 57-1140372 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

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7. Name and Address of Current Registered Agent

Name AMEVISANET, LC

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

600 NE 36TH ST, SUITE C4-D

City MIAMI FL Zip Code 33137

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 _____ ANGEL CISNEROS 4/30/2003
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

9. MANAGING MEMBERS / MANAGERS

TITLE	MGRM
NAME	MUSELCA, C.A.
STREET ADDRESS	CC PPLAZA, LOCAL 29-MJS,
CITY-ST-ZIP	PUERTO CABELLO, CARABOBO, VZLA
TITLE	MGRM
NAME	KRON, TODD MICHAEL
STREET ADDRESS	200 SOUTH STARCREST DR. #304
CITY-ST-ZIP	CLEARWATER, FL 33765
TITLE	MGRM
NAME	KRON, JOSEMIR LISETTE
STREET ADDRESS	200 SOUTH STARCREST DR #304
CITY-ST-ZIP	CLEARWATER, FL 33765
TITLE	
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CR2E083B (12/01)

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: KRON, TODD 4/30/2003 727-6481921
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #