2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

ANNUAL REPORT (AR)						FILED				
DOCUMENT # L03000021333 1. Entity Name					\mathbf{F}	eb 02, 200 Secretar	5 08		M	
U.S. ONE	PROPERTIES, L.L.C.					Secretar	y UI S	State		
Principal Place	e of Business	Mailing Address			-					
4996 PALM COAST PKWY		4996 PALM COAST PKWY								
		STE 7 PALM COAST FL 32137		111	I BREEZINTE BEER MUNICUM CITTE BEWEIT MUNICE O		III DD III DE EXPLUT (EK	EWN NIN IN DE		
2. Principal Place of Business		3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.		1	Ist MOORE	CR2E083	3 (10/04)			
City & State		City & State			4. FEI Num	ber 65-1193940		1 — 1—	olled For Applicabl	
Zip	Country	Zip	Count	try	5. Certifica	te of Status Desired		\$5.00 Add	itional	
	6. Name and Address of Current R	egistered Agent			7. Name ar	d Address of New Re	gistered A	\gent	•	
				Name						
CHIUMENTO, MICHAEL D 4 OLD KINGS ROAD NORTH, STE. B PALM COAST FL 32137				Street Address (P.O. Box Num	ber is Not Acceptable		·· · · · · · · · · · · · · · · · ·		
FAL	W COAST L SZIST			City	* '		FL	Zip Code	 e	
	named entity submits this statement for	0		ما ما المام من المام المام	ad agent or b	oth in the State of Flor		i formiliar with ⊡	and accord	
	framed entry submits this statement for forms of registered agent.	nie barbose of changwig na	s registere	od Office of Tegister	ed agent, or t	out, in the outs on the	raa, rami	econinect with 1, 4	ana 2000p	
SIGNATURE.	Signature, typed or printed name of registered agent an	dilite i applicable (NO	E Registered	d Agent signature required	when reinstating)		DATE			
		FILE N	OW!!! F	EE IS \$50.00	***************************************					
		Make Check Payat			nt of State					
		Du	ie By Ma	ıy 1, 2005						
9.	MANAGING MEMBER	S/MANAGERS	10.			ADDITIONS/	CHÁNGES		 	
TITLE	MGRM	☐ Delete	TITLE			1100000021	1357	Change	Addilie	
NAME	WALDHAUER, ROY C		NAME	E Eladdress		02/02/05-80		3 50.00		
STREET ADDRESS CITY-ST-ZIP	GREEN COVE SPRINGS FL 32043			ST-ZIP						
IIILE	MGRM	☐ Deiele	TITLE					Change	Aralini	
NAME	WALDHAUER, ROY C II		NAMI	E						
STREET ADDRESS	1400 LAMBERT AVE/ P.O. BOX 18	81		ET ADDRESS						
CITY+ST-ZIP	FLAGLER BEACH FL 32136		CITY	-ST-ZIP				. <u></u>		
TITLE		☐ Delete	HILE	ŀ				Change	☐ A13.88	
NAME STREET ADDRESS			NAMI STRE	ET ADDRESS						
CITY-ST-ZIP				-ST-ZIP						
TITLE		☐ Delete	TITLE				•	Change	Addition	
NAME		D01000	NAM					_ •		
STREET ADDRESS			STRE	ET ADDRESS						
CITY - ST - ZIP			CITY	-S1-ZIP		 .		_		
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NAME			NAM							
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·····		Delete	THE					☐ Change	Adding	
TITLE NAME		Li Delete	, NAM					uningv	<u> </u>	
STREET ADDRESS				ET ADDRESS						
CITY-SI-ZIP			CITY	-ST-ZIP						
11. I hereby of indicated	certify that the information supplied with l on this report is true and accurate and t bility company or the receiver or trustee	this filing does not qualify for hat my signature shall have	or the exe	mption stated in Se e legal effect as if r	ection 119.07(made under oa	3)(i), Florida Statutes. I ath; that I am a manag	further cer ing membe	tify that the iner or manage	formation r of the	
umied lia	many company or the receiver or trustee	dinhowelen to execute this	o report as	reduced by Citab		~ ~W.W. ~ .				

SIGNATURE: Pay Walker Pay C. WALLHAUER 1.31.05 386446 5524

SIGNATURE and dyped or printed name of signing managing member, manager, or authorized representative Date Day into Proce 1