


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Feb 02, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L03000021333</b>	
1. Entity Name <b>U.S. ONE PROPERTIES, L.L.C.</b>	

Principal Place of Business <b>4996 PALM COAST PKWY STE 7 PALM COAST FL 32137</b>	Mailing Address <b>4996 PALM COAST PKWY STE 7 PALM COAST FL 32137</b>
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



1st MOORE CR2E083 (10/04)

6. Name and Address of Current Registered Agent <b>CHIUMENTO, MICHAEL D 4 OLD KINGS ROAD NORTH, STE. B PALM COAST FL 32137</b>		7. Name and Address of New Registered Agent	
		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL Zip Code	


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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2005**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM WALDHAUER, ROY C 411 WALNUT STREET, #1870 GREEN COVE SPRINGS FL 32043 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	1100000211357 <input type="checkbox"/> Change <input type="checkbox"/> Add 02/02/05-80116-013 50.00
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM WALDHAUER, ROY C II 1400 LAMBERT AVE/ P.O. BOX 1881 FLAGLER BEACH FL 32136 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add

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:**  **Roy C. Waldhauer** **1-31-05 386446 5524**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #