## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

## **DOCUMENT # L04000017655**

1. Entity Name

USA REAL ESTATE MANAGEMENT SOLUTIONS, LLC



FILED Apr 14, 2008 08:00 All Secretary of State

Principal Place of Business

Mailing Address

1205 ELIZABETH STREET

SUITE F PUNTA GORDA, FL 33950 1205 ELIZABETH STREET SUITE F PUNTA GORDA, FL 33950



DO NOT WRITE IN THIS SPACE

03292008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 20-1321866

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

VAN GUCHT, HERMAN 1205 ELIZABETH STREET SUITE F PUNTA GORDA, FL 33950

TITLE

STREET ADDRESS 1

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|---|---|--|
| 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 agnosure required whon renstating) , DATE, |
| FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75  |   |  |
| 9.  | MANAGING MEMBERS/MANAGERS   |  |
| TITLE NAME STREET ADORESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP   | MGR TRITCHLER, BEVERLY 1205 ELIZABETH STREET PUNTA GORDA, FL 33950            | U00000898145<br>04/25/08-80076-008 143.75                          |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS  |   | DO NOT WRITE IN THIS SPACE   |
| CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP   | ·   |  |

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: HERMAN HOUSE OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Double Double Prome Prome P