


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 02, 2006 8:00 am
Secretary of State

05-02-2006 90038 034 ****50.00

DOCUMENT # L05000026752	
1. Entity Name US 301, LLC	

Principal Place of Business 1401 UNIVERSITY DRIVE, SUITE 200 CORAL SPRINGS, FL 33071	Mailing Address 1401 UNIVERSITY DRIVE, SUITE 200 CORAL SPRINGS, FL 33071
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20042967

2. Principal Place of Business 1600 Sawgrass Corporate Parkway Suite, Apt. #, etc. Suite 300	3. Mailing Address 1600 Sawgrass Corporate Parkway Suite, Apt. #, etc. Suite 300
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04032006 Chg-LLC CR2E083 (11/05)

City & State Sunrise, FL	City & State Sunrise, FL
Zip 33323	Country USA

4. FEI Number 20-0996802	Applied For Not Applicable
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6. Name and Address of Current Registered Agent GRANT, MARK F ESQ. C/O RUDEN MCCLOSKEY SMITH SCHUSTER & RUSSEL 200 EAST BROWARD BLVD., SUITE 1500 FORT LAUDERDALE, FL 33301	
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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.

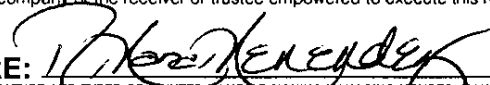
SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$50.00
Due by May 1, 2006**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
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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:  **N. MARIA MENDEZ, VICE PRESIDENT** **4/27/06** **954-753-1730**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #