

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000087113

Entity Name: USA REALTY HELP LLC

FILED
May 22, 2007
Secretary of State

Current Principal Place of Business:

6682 PAUL MAR DR.
LAKE WORTH, FL 33462

New Principal Place of Business:

Current Mailing Address:

6682 PAUL MAR DR.
LAKE WORTH, FL 33462

New Mailing Address:

FEI Number: 87-0776331 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

STEPHAN, ELIZABETH
6682 PAUL MAR DR.
LAKE WORTH, FL 33462 US

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: _____

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: STEPHAN, ELIZABETH
Address: 6682 PAUL MAR DR.
City-St-Zip: LAKE WORTH, FL 33462

Title: MGRM () Delete
Name: FERNANDEZ, ESTEBAN
Address: 6682 PAUL MAR DR.
City-St-Zip: LAKE WORTH, FL 33462

Title: MGRM () Delete
Name: WEST, SHAWN
Address: 6682 PAUL MAR DR.
City-St-Zip: LAKE WORTH, FL 33462

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: ELIZSTEPHAN

MGRM

05/22/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date