

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000026634

Entity Name: USA-RA LLC

FILED
Mar 28, 2008
Secretary of State

Current Principal Place of Business:

841 PRUDENTIAL DRIVE FLOOR 12-6491007
JACKSONVILLE, FL 32207 US

New Principal Place of Business:

841 PRUDENTIAL DRIVE
12TH FLOOR
JACKSONVILLE, FL 32207 US

Current Mailing Address:

841 PRUDENTIAL DRIVE FLOOR 12-6491007
JACKSONVILLE, FL 32207 US

New Mailing Address:

841 PRUDENTIAL DRIVE
12TH FLOOR
JACKSONVILLE, FL 32207 US

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LAVENDER, KYLE
841 PRUDENTIAL DRIVE FLOOR 12-6491007
JACKSONVILLE, FL 32207 US

Name and Address of New Registered Agent:

LAVENDER, KYLE
841 PRUDENTIAL DRIVE
12TH FLOOR
JACKSONVILLE, FL 32207 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: KYLE LAVENDER

03/28/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: SIHA, NICK
Address: 2132-A CENTRAL AVE STE 290
City-St-Zip: ALBUQUERQUE, NM 87106 US

Title: MGRM () Delete
Name: LAVENDER, KYLE
Address: 2132-A CENTRAL AVE STE 290
City-St-Zip: ALBUQUERQUE, NM 87106 US

ADDITIONS/CHANGES:

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: NICOLAS SIHA

MGRM

03/28/2008

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