

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 13, 2008 8:00 am
Secretary of State

02-04-2008 90132 049 ***138.75

DOCUMENT # L07000066540 1. Entity Name USA SEVEN HOLDINGS LLC																											
Principal Place of Business 1250 EAST HALLANDALE BEACH BLVD SUITE 404 HALLANDALE BEACH, FL 33009		Mailing Address 1250 EAST HALLANDALE BEACH BLVD SUITE 404 HALLANDALE BEACH, FL 33009																									
2. Principal Place of Business - No P.O. Box # 18851 NE 29th Ave Suite, Apt. #, etc. 7th floor City & State Aventura, Florida Zip 33180 Country USA		3. Mailing Address 20533 Bixayne Blvd Suite, Apt. #, etc. 409 City & State Aventura, Florida Zip 33180 Country USA																									
4. FEI Number 01222008 Chg-LLC CR2E083 (12/06)		<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable																									
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		6. Name and Address of Current Registered Agent LANCRY, AARON SR 1250 EAST HALLANDALE BEACH BLVD SUITE 404 HALLANDALE BEACH, FL 33009																									
7. Name and Address of New Registered Agent Name Lantry, Aaron sr Street Address (P.O. Box Number is Not Acceptable) 18851 NE 29th Avenue 7th floor City Aventura FL Zip Code 33180		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 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>																									
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75		Make check payable to Florida Department of State																									
9. MANAGING MEMBERS/MANAGERS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 80%;">MGRM</td> <td style="width: 10%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>LANCRY, AARON SR</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>1250 EAST HALLANDALE BEACH BLVD#404</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>HALLANDALE BEACH, FL 33009</td> <td></td> </tr> </table>		TITLE	MGRM	<input type="checkbox"/> Delete	NAME	LANCRY, AARON SR		STREET ADDRESS	1250 EAST HALLANDALE BEACH BLVD#404		CITY-ST-ZIP	HALLANDALE BEACH, FL 33009		10. ADDITIONS/CHANGES <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 80%;">MGRM</td> <td style="width: 10%; text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>LANCRY, AARON</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>18851 NE 29th Avenue 7th floor</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>Aventura, FL 33180</td> <td></td> </tr> </table>		TITLE	MGRM	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	LANCRY, AARON		STREET ADDRESS	18851 NE 29th Avenue 7th floor		CITY-ST-ZIP	Aventura, FL 33180	
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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: <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>																											