2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 17, 2008 8:00 am
Secretary of State

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02-19-2008 90064 019 ***143.75

DOCUMENT # L07000067489

1. Entity Name
US TREUHAND GP, L.C.

Principal Place of Business	Mailing Address
% ESTEIN & ASSOCIATES USA LTD. 4705 S. APOPK-VINELAND ROAD, SUITE 201 ORLANDO, FL 32819	% ESTEIN & ASSOCIATES USA LTD. 4705 S. APOPK-VINELAND ROAD, SUITE 201 ORLANDO, FL 32819

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
c/o Estein & Associates USA Ltd, 4705 S. Apopka Vineland Road Suite 201 Orlando, Fla. 32819 USA	c/o Estein & Associates USA Ltd. 4705 S. Apopka Vineland Road Suite 201 Orlando, Fla. 32819 USA

02072008 Chg-LLC CR2E083 (12/06)

4. FEI Number 26-0437692 — Applied For / Not Applicable

5. Certificate of Status Desired ☑ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ESTEIN, LOTHAR % ESTEIN & ASSOCIATES USA LTD. 4705 S. APOPK-VINELAND ROAD, SUITE 201 ORLANDO, FL 32819	Name: Estein, Lothar Street Address (P.O. Box Number Is Not Acceptable): c/o Estein & Associates USA Ltd. 4705 S. Apopka Vineland Rd. Suite 201 City: Orlando FL Zip Code: 32819

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

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		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE Manager NAME Lothar Estein c/o Estein + Associates USA, Ltd. STREET ADDRESS 4705 S. Apopka Vineland Rd., Suite 201 CITY-ST-ZIP Orlando, FL 32819	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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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: ______ 2/12/08 (407) 909-2200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #