

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000079615

FILED
Jan 07, 2008
Secretary of State

Entity Name: US CREDIT AG, LLC

Current Principal Place of Business:

6355 NW 36TH STREET
6TH FLOOR
MIAMI, FL 33133 US

New Principal Place of Business:

Current Mailing Address:

6355 NW 36TH STREET
6TH FLOOR
MIAMI, FL 33133 US

New Mailing Address:

FEI Number: 26-0645833 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HATTON, DAVID
150 ALHAMBRA CIRCLE
SUITE 1150
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

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: GATTINGER, ANDRES
Address: 1632 S. BAYSHORE CT., #402
City-St-Zip: MIAMI, FL 33133 US

Title: MGRM () Delete
Name: KAHL, MICHAEL
Address: 1521 ALTON RD., #96
City-St-Zip: MIAMI BEACH, FL 33139 US

Title: MGRM () Delete
Name: OLAFSSON, ERIC
Address: 6615 NW 38TH STREET
City-St-Zip: MIAMI, FL 33166 US

ADDITIONS/CHANGES:

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

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

Title: MGRM (X) Change () Addition
Name: OLUFSON, ERIK
Address: 6615 NW 38TH STREET
City-St-Zip: MIAMI, FL 33166 US

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: ANDRES GATTINGER

MGRM

01/07/2008

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