

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000126576

Entity Name: USWF I, P.L.

FILED  
Mar 31, 2009  
Secretary of State

## Current Principal Place of Business:

430 MORTON PLANT STREET, SUITE 206  
CLEARWATER, FL 33756

## New Principal Place of Business:

## Current Mailing Address:

430 MORTON PLANT STREET, SUITE 206  
CLEARWATER, FL 33756

## New Mailing Address:

FEI Number: 26-1725263

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BRONSTEIN, JOEL D  
150 2ND AVENUE NORTH, SUITE 1100  
ST. PETERSBURG, FL 33701 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: MGR ( ) Delete  
Name: JOHNSON, ROSS T  
Address: 14 WINDWARD ISLAND  
City-St-Zip: CLEARWATER BEACH, FL 33767

Title: MGR ( ) Delete  
Name: STAFFORD, WILLIAM T  
Address: 206 HARBORVIEW LANE  
City-St-Zip: LARGO, FL 33770

Title: MGR ( ) Delete  
Name: LAROSA, WILLIAM R  
Address: 409 ST ANDREWS  
City-St-Zip: BELLEAIR, FL 33756

Title: MGR ( ) Delete  
Name: KLAVANS, SCOTT  
Address: 8871 SILVERTHORNE RD  
City-St-Zip: LARGO, FL 33777

Title: MGR ( ) Delete  
Name: BARKLEG, CRAIG S  
Address: 30 SUNSET BAY DR  
City-St-Zip: BELLEAIR, FL 33756

## 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:

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: SCOTT KLAVANS

MGR

03/31/2009

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