

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000010520

FILED  
Jan 14, 2009  
Secretary of State

Entity Name: USWF II, P.L.

**Current Principal Place of Business:**

33920 U.S. 19 NORTH, SUITE 241  
PALM HARBOR, FL 34684

**New Principal Place of Business:**

**Current Mailing Address:**

33920 U.S. 19 NORTH, SUITE 241  
PALM HARBOR, FL 34684

**New Mailing Address:**

FEI Number: 26-2120706

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: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: DR ( ) Change (X) Addition  
Name: BERGNER, DONALD  
Address: 33920 US 19 NORTH SUITE 241  
City-St-Zip: PALM HARBOR, FL 34684 US

Title: DR ( ) Change (X) Addition  
Name: KLEIN, LONNIE  
Address: 33920 US 19 NORTH SUITE 241  
City-St-Zip: PALM HARBOR, FL 34684 US

Title: DR ( ) Change (X) Addition  
Name: RICHMAN, MARTIN  
Address: 33920 US 19 NORTH SUITE 241  
City-St-Zip: PALM HARBOR, FL 34684 US

Title: DR ( ) Change (X) Addition  
Name: SZOSTAK, MICHAEL  
Address: 33920 US 19 NORTH SUITE 241  
City-St-Zip: PALM HARBOR, FL 34684 US

Title: DR ( ) Change (X) Addition  
Name: ZACHARY, MARK  
Address: 33920 US 19 NORTH SUITE 241  
City-St-Zip: PALM HARBOR, FL 34684 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: DONALD BERGNER

DR

01/14/2009

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