

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000010522

FILED  
Jun 25, 2009  
Secretary of State

Entity Name: USWF III, P.L.

## Current Principal Place of Business:

35095 U.S. 19 NORTH, SUITE 202  
PALM HARBOR, FL 34684

## New Principal Place of Business:

## Current Mailing Address:

35095 U.S. 19 NORTH, SUITE 202  
PALM HARBOR, FL 34684

## New Mailing Address:

430 MORTON PLANT ST  
206  
CLEARWATER, FL 33756

FEI Number: 26-2155728      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

## 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:

HALE, BRIAN D  
35095 U.S. 19 NORTH, SUITE 202  
PALM HARBOR, FL 34684      US

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: BRIAN HALE, MD

06/25/2009

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

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

## ADDITIONS/CHANGES:

Title: PRES ( ) Change (X) Addition  
Name: HALE, BRIAN D  
Address: 35095 U.S. 19 NORTH, SUITE 202  
City-St-Zip: PALM HARBOR, FL 34684

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: BRIAN HALE, MD

PRES

06/25/2009

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