## 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000113018

City-St-Zip:

JACKSONVILLE, FL 32259

Entity Name: US FINANCIAL ASSETS, LLC

FILED Jul 02, 2009 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 450-106 STATE ROAD 13 NORTH SUITE 119 JACKSONVILLE, FL 32259 **New Mailing Address: Current Mailing Address:** 450-106 STATE ROAD 13 NORTH SUITE 119 JACKSONVILLE, FL 32259 FEI Number: 26-3848516 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: Name and Address of New Registered Agent: CORPORATION SERVICE COMPANY LEONARD, ROBERT J MGR 1201 HAYS STREET 450-106 STATE ROAD 13 NORTH TALLAHASSEE, FL 32301 US SUITE 119 JACKSONVILLE, FL 32259 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: ROBERT J LEONARD 07/02/2009 Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: Title: () Change () Addition () Delete LEONARD, ROBERT J Name: Name: Address: 450-106 STATE ROAD 13 NORTH, SUITE 119 Address: City-St-Zip: JACKSONVILLE, FL 32259 City-St-Zip: Title: MGR () Delete Title: () Change () Addition Name: WATSON, JOHN B SR. Name: Address: 450-106 STATE ROAD 13 NORTH, SUITE 119 Address: City-St-Zip: JACKSONVILLE, FL 32259 City-St-Zip: Title: MGR () Delete Title: () Change () Addition WATSON, JOHN F JR. Name: Name: 450-106 STATE ROAD 13 NORTH, SUITE 119 Address: Address:

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.

City-St-Zip:

SIGNATURE: ROBERT J LEONARD MRG 07/02/2009