2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 10, 2006
Secretary of State

DOCUMENT# M00000002601

Entity Name: USRP (SFGP), LLC

Current Principal Place of Business:

450 SOUTH ORANGE AVENUE
ORLANDO, FL 32801

New Principal Place of Business:

Current Mailing Address:

450 SOUTH ORANGE AVENUE
11TH FLOOR
ORLANDO, FL 32801

New Mailing Address:

FEI Number: 41-1541630 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GOOLJAR, DEVI M
450 SOUTH ORANGE AVENUE
ORLANDO, FL 32801 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:	MCWILLIAMS, CURTIS B	
Address:	450 SOUTH ORANGE AVENUE	
City-St-Zip:	ORLANDO, FL 32801	
Title:	MGR	( ) Delete
Name:	LAWLESS, ROBERT E	
Address:	450 SOUTH ORANGE AVENUE	
City-St-Zip:	ORLANDO, FL 32801	
Title:	MGR	( ) Delete
Name:	BOURNE, ROBERT A	
Address:	450 SOUTH ORANGE AVENUE	
City-St-Zip:	ORLANDO, FL 32801	
Title:	MGR	( ) Delete
Name:	SENEFF, JAMES M JR.	
Address:	450 SOUTH ORANGE AVENUE	
City-St-Zip:	ORLANDO, FL 32801	
Title:	MGR	( ) Delete
Name:	PEREZ, DAMIAN A	
Address:	445 BROAD HOLLOW ROAD	
City-St-Zip:	MELVILLE, NY 11747	
Title:	MGR	( ) Delete
Name:	GEOGHEGAN, RODERICK J JR.	
Address:	445 BROAD HOLLOW ROAD	
City-St-Zip:	MELVILLE, NY 11747	

ADDITIONS/CHANGES:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	MGR	(X) Change ( ) Addition
Name:	MILLS, ROSEMARY Q	
Address:	450 SOUTH ORANGE AVENUE	
City-St-Zip:	ORLANDO, FL 32801	
Title:	MGR	(X) Change ( ) Addition
Name:	SHACKELFORD, STEVEN D	
Address:	450 SOUTH ORANGE AVENUE	
City-St-Zip:	ORLANDO, FL 32801	
Title:	MGR	(X) Change ( ) Addition
Name:	FARREN, JOHN L	
Address:	450 SOUTH ORANGE AVENUE	
City-St-Zip:	ORLANDO, FL 32801	
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 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: STEVEN D. SHACKELFORD MGR 02/10/2006

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