2004 LIMITED LIABILITY COMPANY ANNUAL REPORT **DOCUMENT # M03000001628**

FILED
Jul 21, 2004 8:00 am
Secretary of State
04-28-2004 90062 008 ****50.00

USA COURT VILLAGE 14, LLC						· 				
Principal Place of Business 701 EAST BYRD STREET, 15TH FLOOR RICHMOND, VA 23219			Mailing Address 701 EAST BYRD STREET, 15TH FLOOR RICHMOND, VA 23219			34009397				
2. Principal Place of Business			3. Mailing Address							
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Suite, Apt. #, etc.			Sulte, Apt. #, etc.	Suite, Apt. #, etc.			Chg-LLC	CR2E083 (10/03	3)	
City & State	de		City & State	City & State			per		Applied For Not Applicable	
Zip	i	Country	Zip .	Country		5. Certificate	of Status Desired	\$5.00 A		
6. Name and Address of Current I			it Registered Agent	egistered Agent Name			7. Name and Address of New Registered Agent			
LEXISNEX	as Docu	JMENT SOLUTIONS	S INC.	ic.						
TALLAHAS			. به ۱۰ تاید مسیدید.	Street Address			per is Not Acceptable	<u>) </u>	·	
	1			City				FL Zip Co	ode	
8. 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. I am familiar with, and accept the obligations of registered agent.										
SIGNATURE Spranue, typed or printed name of registered agent and little of applicable. (NOTE: Registered Agent signature required when reinstating) DATE										
	ï									
Filing Fee is \$50.00 Due by May 1, 2004				1				e check payable to Department of St		
9.		MANAGING MEME	BERS/MANAGERS	10.			ADDITIONS/	CHANGES		
TITLE NAME	MGRM BARTHO	DLOMEW, DANIEL R	☐ Delitte	TITL NAM				Change	B Addition	
STREET ADDRESS CITY-ST-ZIP	1062 E. OREM, U	1010 N. JT 84097			EET ADDRESS '-ST-ZIP					
TITLE			☐ Delete	IIΠ	- i		·	☐ Change	Addition	
NAME STREET ADDRESS	, 1			MAM Irtz	EET AODRESS					
CITY-ST-ZIP			······································	ÇITY	-ST-ZIP					
TITLE Name -		- ·	Delete	TITL NAM	1			Change	Addition	
-STREET ADORESS- CITY-ST-ZIP		-		STR	EET AODRESS	· •		,		
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NAME STREET ADDRESS	,			NAM	EET ADORESS					
CITY-ST-ZIP					-5T-7IP					
TIPLE NAME			☐ Deleta	TIT.	l l	<u>-</u>		☐ Change	Addition	
STREET ADDRESS	, Y			MAM	EET ADDRESS					
CITY-ST-ZIP		·		CITY	-ST-20P					
TITLE NAME	1		☐ Detets	TITL NAV	1			☐ Chang	Addition	
STREET ADDRESS				STR	EET ADDRESS			-		
CITY-ST-ZIP	estifuthet t	ha information a malic de l'	th this filles does not as 14.		·ST-ZP		W. Flanke Cont.	the state of the state of		
11. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under ceth; that I am a managing member or manager of the limited fiability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.										
SIGNATURE: 1. S. Sartholomew 2/9/04 801 420.7376										