2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Jul 21, 2004 8:00 am Secretary of State

05-03-2004 90147 030 ****50 00

DOCUMENT # M03000001631						05-03-20	104 9014	030	30.00
1. Entity Name USA COURT VILLAGE 18, LLC									
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<u> </u>									
Principal Place of Business Mailing Address The Fact Byth Control of Fact Byth		-	4 ETU EL MOD	-	1				
701 EAST BYRD STREET, 15TH FLOOR RICHMOND, VA 23219		701 EAST BYRD STREET, 15TH FLOOR RICHMOND, VA 23219		Ì					
				\	1 12010 PH 11	ı Odlan ilin sahi esili val	n www.main.m	ð Rring strer sim	TDI 41 1001
Principal Place of Business 3. Mailing Addres									
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Suite, Apt. #, etc.		Suite, Apt. #, etc.			02052004	Chg-LLC	CR2E08	3 (10/03)	
City & State		City & State			4. FEI Numb	er		140	plied For I
						· · · · · · · · · · · · · · · · · · ·		X No	t Applicable
Ζip	Country	Zip	Country		5. Certificate	of Status Desired		55.00 Addi ee Required	
	6. Name and Address of Curren	it Registered Agent			7. Name and	Address of New F		•	
N N SVICTIC POOLINGERT COLUTIONS INC									
LEXISNEXIS DOCUMENT SOLUTIONS INC. 1201 HAYS STREET Stri					P.O. Box Numb	er is Not Acceptable	9)		
TALLAHASSEE, FL 32301			}	···					
1			City			· · · · · · · · · · · · · · · · · · ·		Zip Code	
							FL	<u></u>	
8. The above named entity submits this statement for the purpose of changing its registered effice or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.									
SIGNATURE									
Signature, typed or printed name of registered agent and little if applicable. (NOTE: Registered Agent signature registed when reinstating) DATE Output DATE									
· Fi	ling Fee (s \$50.00 re by May 1, 2004					Mal	ce check p	yable to	
rue by may 1, 2004					•	riona	a Departme	nt of State	
9.		BERS/MANAGERS	10.			ADDITIONS			
TITLE NAME	MGRM JUDITH & PATRICK GEOGHE	Delete GAN 1994 LIVING TRST	TITLE NAME					Change	Addition :
STREET ADDRESS	61 SPYGLASS HILL STR								i
CITY-ST-ZIP	OAKLAND, CA 94618		CITY-ST-ZIP						
TITLE	•	☐ Delete	ILLTE					☐ Change	Addition
NAME STREET ADDRESS			NAME . Street adoress						
CITY-ST-ZIP			CITY-ST-ZIP						
TITLE	ŋ	☐ Delete	TITLE					Change	Addition
NAME Street Address	- ·		NAME STREET ADDRESS	-					
CITY-SI-ZIP	•		CITY-ST-ZIP		·				
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NAME	0 		NAME	•					
STREET ADORESS CITY-S1-ZIP			STREET ADDRESS CITY-ST-ZIP						
TITLE		☐ Delete	TITLE			 -		Change	☐ Addition
NAME			KAME						
STREET ADDRESS City-St-ZIP	•		STREET ADDRESS CITY-ST-ZIP						
TITLE		Delete	TITLE		 		-	Change	Addition
NAME		<u> </u>	NAME						
STREET ADDRESS CITY+ST-ZIP			STREET ADDRESS City-St-Zep						
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 set if made under cash: that I am a managing member or manager of the imitted liability company of the receiver or trustife amnowance this report as required by Chapter 608, Florida Statutes.									
11/1/1 / learly 2/12/04 5 8414141									
SIGNATURE: William & STATE									
BIGNATURE AND TYPED ON PRINTED HAME OF SIGNING MANAGING MEMBER, WANAGER OR AUTHORIZED REPRESENTATIVE Date Date									
	111111V 17	, , , , , , , , , , , , , , , , , , , ,							