


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 05, 2005 8:00 am
Secretary of State

05-05-2005 90026 001 ***950.00

| | | |
|---|---|---|
| DOCUMENT # M03000001631 | |  |
| 1. Entity Name USA COURT VILLAGE 18, 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 | |
| 2. Principal Place of Business | 3. Mailing Address | |



U.S. Advisor, LLC
Five Financial Plaza, Suite 105
Napa, CA 94558

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Napa, CA 94558

04122005 Chg-LLC CR2E083 (10/03)

| | |
|--|-------------------------------|
| 4. FEI Number NOT APPLICABLE | Applied For Not Applicable |
|--|-------------------------------|

| | |
|---|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |
|---|---------------------------------------|

| | |
|--|--|
| 6. Name and Address of Current Registered Agent LEXISNEXIS DOCUMENT SOLUTIONS INC. 1201 HAYS STREET TALLAHASSEE, FL 32301 | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code |
|--|--|

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$50.00
Due by May 1, 2005**

**Make check payable to
Florida Department of State**

| 9. MANAGING MEMBERS/MANAGERS | | 10. ADDITIONS/CHANGES | |
|--|---|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM JUDITH & PATRICK GEOGHEGAN 1994 LIVNG TRST 61 SPYGLASS HILL OAKLAND, CA 94618 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

11. I hereby certify that the information supplied with this filing 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 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: *PATRICK J. GEOGHEGAN* **4/13/05**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER/MANAGER, OR AUTHORIZED REPRESENTATIVE

Date Daytime Phone #