2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

SECRETARY OF STATE DIVISION OF CORPORATIONS **DOCUMENT # M03000003260 USA BRADENTON 6, LLC** 05 MAY | | AM | |: 15 Principal Place of Business Mailing Address 701 EAST BYRD STREET, 15TH FLOOR 701 EAST BYRD STREET, 15TH FLOOR RICHMOND, VA 23219 RICHMOND, VA 23219 a Mailinn Address 2. Principal Place of Business U.S. Advisor, LLC U.S. Advisor, LLC CR2E083 (10/03) 04122005 Chg-LLC Five Financial Plaza, Suite 105 Five Financial Plaza, Suite 105 Napa, CA 94558 4. FEI Number Applied For Napa, CA 94558 **NOT APPLICABLE** Not Applicable \$5.00 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name LEXISNEXIS DOCUMENT SOLUTIONS INC. Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE, FL 32301-2525 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 Signature, typed or printed name of registered agent and title if applicable (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 MANAGING MEMBERS/MANAGERS 9. ADDITIONS/CHANGES 10. MGRM TITLE ☐ Delete TITLE ☐ Change ☐ Addition MONTOYA, FLORENTINO & ADELINA NAME NAME STREET ADDRESS 6713 ZIMMERMAN N.E. STREET ADDRESS ALBURQUERQUE, NM 87110 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Сhange TITLE ☐ Addition NAME NAME 400055981524 06/03/05--01065--012 **11 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP **1100.00 TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Addition TITLE ☐ Channe NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 emparaged to execute this report as required by Chapter 608, Florida Statutes. Montoya OBENTINO NATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHO

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