

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # M03000003273

1. Entity Name
USA BRADENTON 19, LLC



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 MAY 11 AM 11:17

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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Five Financial Plaza, Suite 105
Napa, CA 94558

04122005 Chg-LLC CR2E083 (10/03)

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
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5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent LEXISNEXIS DOCUMENT SOUTIONS INC. 1201 HAYS STREET TALLAHASSEE, FL 32301-2525	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PLACE, MARY ANN M 99 EAST MAIN STREET PAWLINGS, NY 12564	<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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06/09/05-01065--012 **1100.00**

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:

Mary Ann Mulhauser Place **MARY ANN MULHAUSER PLACE** **1/14/05** **845-855-3774**

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

Date

Daytime Phone #