M04000000316

(Requesto	r's Name)
(Address)	
(Address)	
(City/State	/Zip/Phone #)
PICK-UP	WAIT MAIL
(Business	Entity Name)
(Documen	t Number)
Certified Copies	Certificates of Status
Special Instructions to Filing C	Officer:

Office Use Only



300061400133

11/28/05--01001--007 **625.00

05 NOV 23 AM 9: 06 05 NOV 23 PH 3: 44

CT Corporation System 660 E. Jefferson St., Tallahassee, FL, 32301 850-222-1092 USA HAMPTONS 3, LLC () Profit () Amendment () Merger () Nonprofit () Dissolution/Withdrawal () Foreign () Mark () Reinstatement () Other () Limited Partnership () Annual Report (X)LLC () Name Registration (X) Change of RA () Fictitious Name () UCC () Certified Copy () Photocopies () CUS () After 4:30 () Call When Ready () Call If Problem (x) Pick Up () Will Wait (x) Walk In () Mail Out 11/22/2005 Order#: TBD by LISA DUBOIS Name Availability _____

AAM

Ref#:

Amount: \$

Document

Examiner ____

W.P. Verifier _____

Updater _____
Verifier _____

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the limited	I liability company is	: USA Hampto	ons 3, LLC	·	
2. The mailing address of	the limited liability of	company is : _		<u></u>	
c/o U.S. Advisor, LLC, Five Fi	nancial Plaza, Suite 105,	Napa, CA 9455	58		
1/23/2004			M04000000316		
3. Date of filing/registrati	on in Florida		4. Document number	er [-0] 5 T	
5. The name of the registe Florida Department of S	State:			the retords of the	
Corporation Service Company					
Name To B					
Name 1201 Hays Street Address					
Address Sin 5					
Tallahassee, FL 32301					
City, State and Zip					
6. The name and address of	of the new registered	agent and/or	office:		
C T Corporation System					
Name 1200 South Pine Island Road					
Florida street address (P.O. Box NOT acceptable)					
	Plantation	FL	33324		
	City,	, State and Zip	•		
If the limited liability conconfirmed that after the cland the business office of liability company, it is he of the members of the lin or the operating agreement By: (Signature of a member or author (Printed or typed name of signee) I hereby accept the appoonung of the provision and I am familiar with an Chapter 608, F.S. Or, if address: I hereby confirm	nange or changes are the registered agent reby confirmed that t nited liability compan at of the limited liabil ized representative of a mer	made, the Flowill be idention the change(s) my or as other lity company.	orida street address of cal. Or, in the case of was/were authorized wise provided in the a	f the registered office f a Florida limited by an affirmative vote articles of organization	
	<u> </u>	-	ican - 17		
(Signature of Registered Agent)		40	of the Court of th		

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00

INHS18 (8/05)