


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

5. **FILED**  
**Jun 06, 2005 8:00 am**  
**Secretary of State**

05-05-2005 90027 001 \*\*\*950.00

|   |   |   |
|---|---|---|
| <b>DOCUMENT # M04000000322</b>  |   |  |
| 1. Entity Name<br><b>USA HAMPTONS 9, LLC</b>  |   |   |
| Principal Place of Business<br><b>701 EAST BYRD STREET, 15TH FLOOR<br/>RICHMOND, VA 23219</b> | Mailing Address<br><b>701 EAST BYRD STREET, 15TH FLOOR<br/>RICHMOND, VA 23219</b> |   |
| 2. Principal Place of Business  | 3. Mailing Address  |   |

30008670



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

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Napa, CA 94558

04142005 Chg-LLC CR2E083 (10/03)

|                                  |  |
|----------------------------------|--|
| 4. FEI Number                    | <input checked="" type="checkbox"/> Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired | <input type="checkbox"/> \$5.00 Additional Fee Required                                    |

|   |   |
|---|---|
| 6. Name and Address of Current Registered Agent<br><b>CORPORATION SERVICE COMPANY<br/>1201 HAYS STREET<br/>TALLAHASSEE, FL 32301-2525</b> | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><b>FL</b> 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 reappointing) 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<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | MGRM<br>SANDS, ANTHONY G<br>853 LONGWOOD AVENUE<br>LOS ANGELES, CA 90005 | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |  | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |  | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |  | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>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:** *Anthony G Sands*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

*4/18/05 (323) 933-6212*  
Date Daytime Phone