


**2005 LIMITED LIABILITY COMPANY ANNUAL REPORT**

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

05-05-2005 90029 001 \*1,200.00

|   |   |   |
|---|---|---|
| <b>DOCUMENT # M04000003931</b>  |   |  |
| 1. Entity Name<br>USA JACKSON SQUARE 12, LLC  |   |   |
| Principal Place of Business<br>701 EAST BYRD STREET, 15TH FLOOR<br>RICHMOND, VA 23219 | Mailing Address<br>701 EAST BYRD STREET, 15TH FLOOR<br>RICHMOND, VA 23219 |   |
| 2. Principal Place of Business  | 3. Mailing Address  |   |

30008707



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                    | Applied For<br><input checked="" 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>CORPORATION SERVICE COMPANY<br>1201 HAYS STREET<br>TALLAHASSEE, FL 32301-2525 | 7. Name and Address of New Registered Agent<br>Name--<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br>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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when resigning)

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>MERTES, RONALD C<br>5 CAROUSEL COURT<br>SAN RAMON, CA 94583 <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 | MGRM<br>MERTES, LINDA S<br>5 CAROUSEL COURT<br>SAN RAMON, CA 94583 <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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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: *Ronald C Mertes* Date: 4/15/05  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE  
 Daytime Phone #: 925 984-7601  
 925 210-5293