

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M04000003946

Entity Name: USRP I, LLC

**FILED**  
**Apr 16, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

ONE INDEPENDENT DRIVE  
SUITE 114  
JACKSONVILLE, FL 322025019 US

**New Principal Place of Business:**

**Current Mailing Address:**

ONE INDEPENDENT DRIVE  
SUITE 114  
JACKSONVILLE, FL 322025019 US

**New Mailing Address:**

FEI Number: 20-2852387

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

F & L CORP.  
ONE INDEPENDENT DRIVE, SUITE 1300  
JACKSONVILLE, FL 32202 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: USRP 1 HOLDING, LLC  
Address: ONE INDEPENDENT DRIVE, SUITE 114  
City-St-Zip: JACKSONVILLE, FL 322025019 US

Title: S VP  
Name: KINSELLA, MICHAEL R  
Address: 4041 PARK OAKS BLVD., SUITE 110  
City-St-Zip: TAMPA, FL 33610 US

Title: S VP  
Name: MILLER, KATHY D  
Address: ONE INDEPENDENT DRIVE, SUITE 114  
City-St-Zip: JACKSONVILLE, FL 322025019 US

Title: VP  
Name: FLEMING, TOM K  
Address: ONE INDEPENDENT DRIVE, SUITE 114  
City-St-Zip: JACKSONVILLE, FL 322025019 US

I hereby certify that the information indicated on this report is true and accurate and that my electronic 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: KATHY D. MILLER

SVP

04/16/2012

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date