

04/14/2005 17:25 847-685-1242

VERSATILE M

5/5

FILED
Jun 20, 2005 8:00 am
Secretary of State

05-05-2005 90028 001 *1,000.00

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # M04000004088	
1. Entity Name USA POLOS 10, LLC	
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

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

04132005 Chg-LLC CR2E083 (10/03)

4. FRS Number	Applied For ☒ Not Applicable
5. Certificate of Status Desired	☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2628	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City 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

Signature, print or printed name of registered agent and fill in applicable

Printed Registered Agent Signature required when registered

DATE

Filing Fee is \$20.00
Due by May 1, 2005

6. MANAGING MEMBERS/MANAGERS		7. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete MANAGER BROWN, TERRENCE M 875 PULSON DRIVE ELK GROVE VILLAGE, IL 60007	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

9. I hereby certify that the information supplied with this form does not qualify for the exemption stated in Section 119.07(3)(b), 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. I am a managing member or manager of the limited liability company or the member or trustee empowered to execute this report as required by Chapter 605, Florida Statutes.

SIGNATURE:

Terrence M Brown

April 14, 2005

847-612-1820

Signature and Print or Printed Name of Managing Member, Manager, or Authorized Representative

Date

Printing Name