2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 06, 2006
Secretary of State

DOCUMENT# M04000004111

Entity Name: USA POLOS 19, LLC

Current Principal Place of Business:

US ADVISOR, LLC
FIVE FINANCIAL PLAZA, SUITE 105
NAPA, CA 94558

New Principal Place of Business:

US ADVISOR, LLC
FIVE FINANCIAL PLAZA, SUITE 205
NAPA, CA 94558

Current Mailing Address:

US ADVISOR, LLC
FIVE FINANCIAL PLAZA, SUITE 105
NAPA, CA 94558

New Mailing Address:

US ADVISOR, LLC
FIVE FINANCIAL PLAZA, SUITE 205
NAPA, CA 94558

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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 ( ) Delete
Name: BERNAS, JASON
Address: 7175 EMERSON ST
City-St-Zip: PALO ALTO, CA 94306

Title: MGRM ( ) Delete
Name: BERNAS, JENNIFER
Address: 7175 EMERSON ST
City-St-Zip: PALO ALTO, CA 94306

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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: JASON BERNAS MGRM 07/06/2006

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