

# 2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M05000002535

Entity Name: USRP I HOLDING, LLC

FILED  
Apr 26, 2010  
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: 20-2803719

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: MACQUARIE COUNTRYWIDE-MANAGEMENT, LLC  
Address: ONE INDEPENDENT DRIVE, SUITE 114  
City-St-Zip: JACKSONVILLE, FL 322025019 US

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

Title: S VP  
Name: MILLER, KATHY D SR VP  
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

S VP

04/26/2010

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