

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M05000002535

Entity Name: USRP I HOLDING, 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: 20-2803719

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
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