2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # M05000005617

1. Entity Name
USGEN HOLDINGS, LLC



FILED Apr 03, 2008 08:00 Al Secretary of State

Principal Place of Business

Mailing Address

9405 ARROWPOINT BLVD. CHARLOTTE, NC 28273

9405 ARROWPOINT BLVD. CHARLOTTE, NC 28273



03132008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number	 Applied For
94-3282136	 Not Applicable
5. Certificate of Status Desired	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525

DO NOT WRITE IN THIS SPACE

	named entity submits this statement for the purpose of char tions of registered agent.	I nging its registered office or registered agent, or be	oth, in the State of Florida. I am familiar with, and accept
SIGNATURE	Signature, typed or printed name of registered agent and title if applicable	(NOTE Registered Agent signature required when reinstating)	DATE
FILE After May	NOW!!! FEE IS \$138.75 y 1, 2008 Fee will be \$538.75		U00000879046 04/15/08-80003-025 138.75
9.	MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM U.S. OPERATING SERVICES HOLDINGS, LLC 9405 ARROWPOINT BLVD. CHARLOTTE, NC 28273		
NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN	THIS SPACE

11. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119. 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; 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:

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGN OF MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Thomas J. Bonner

Anilz, 2008

704-525-3800

Daytime Phone #

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