2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED Apr 18, 2005 8:00 am Secretary of State

1. Entity Nam URBAN V	10	# L04000002			04-18-2005	90079 040	<i>)</i> 3	J.00		
Principal Place of Business 3550 NORTH MOORINGS WAY COCONUT GROVE, FL 33133			Mailing Address 3550 NORTH MOORINGS WAY COCONUT GROVE, FL 33133				、 ~			
2. Principal Place of Business			3. Mailing Address							
Suite, Apt. #, etc.			Suite, Apt. #, etc.			04132005		CR2E083		
City & State			City & State			4. EEI Numl	ber L 691300	,		plied For out Applicable
Zip	Zip Country		Zip Country		try		e of Status Desired		5.00 Add	litional
6. Name and Address of Current F			egistered Agent			7. Name and Address of New Registered Agent				
					Name					
283 CATA	LONIA AV	E SYSTEMS, INC. E, SECOND FLOOR L 33134	Street Add			s (P.O. Box Number is Not Acceptable)				
CORAL GABLES, FL 33134					City	<u> </u>		FL	Zip Code	9
The above named entity submits this statement for the purpose of changing its registered of the obligations of registered agent.						tered agent, or b	oth, in the State of Flo		niliar with,	and accept
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE										
						- Common of the	· · · · · · · · · · · · · · · · · · ·	DAIL		
Filing Fee is \$50.00 Due by May 1, 2005								e check pay		
		, 1, 2000					Florida	a Departmen	it of State	9
9.		MANAGING MEMBER	IS/MANAGERS	10.					it of State	
	MGR		RS/MANAGERS	10.			ADDITIONS	/CHANGES	Change	Addition
9.	MGR HARRIS,	MANAGING MEMBER	Defete		.	•	ADDITIONS	/CHANGES	. Change	
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HARRIS, 2665-S-B/ COCONU	MANAGING MEMBER	Defete	TITLE NAM STRE	E ET ADDRESS	3550 No		/CHANGES [Ings Wa	. Change	
9. TIVLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	MGR HARRIS, 2665-S-B/ COCONU MGR	MANAGING MEMBER JAMES W AYSHORE DR, STE-702 TEGROVE, EL 33133	Defete	TITLE NAM STRE CITY TITLE	E ET ADDRESS	3550 No	ADDITIONS	/CHANGES Ings Wa	. Change	
9. TIVLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	MGR HARRIS, 2665-S-B/ COCONU MGR BURNHAI	MANAGING MEMBER JAMES W AYSHORE DR, STE 702 ITGROVE, EL 33133 M, ANDREW	☐ Defete	TITLE NAM STRE CITY TITLE	E ET ADDRESS CST-ZIP (3550 No Coconut	ADDITIONS	CHANGES Ings Wa	K Change 3 3	Addition
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9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	MGR HARRIS, 2665-S-B/ COCONU MGR BURNHAI 2665-S-B/	MANAGING MEMBER JAMES W AYSHORE DR, STE 702 ITGROVE, EL 33133 M, ANDREW AYSHORE DR, STE 702	□ Defete	TITLE NAM STRE CITY TITLE NAM STRE	E ET ADDRESS C C C C C C C C C C C C C C C C C C	3550 No Coconut	ADDITIONS rth Moori Grove, F	/CHANGES Ings Wa L 3313 ngs Wa L 3313	Change 3 3 Change y 33	Addition
9. TUTLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HARRIS, 2665-S-B/ COCONU MGR BURNHAI 2665-S-B/	MANAGING MEMBER JAMES W AYSHORE DR, STE 702 ITGROVE, EL 33133 M, ANDREW AYSHORE DR, STE 702	☐ Defete	TITLE NAM STRE CITY TITLE NAM STRE	E ET ADDRESS C C C C C C C C C C C C C C C C C C	3550 No Coconut	ADDITIONS rth Moori Grove, F	/CHANGES Ings Wa L 3313 ngs Wa L 3313	Change 3 3 Change	Addition
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