


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 23, 2007 8:00 am
Secretary of State

04-23-2007 90358 026 ****50.00

DOCUMENT # L06000002735

1. Entity Name
PEEBLES URBAN, LLC



Principal Place of Business
**550 BILTMORE WAY, SUITE 970
 CORAL GABLES, FL 33313-4**

Mailing Address
**550 BILTMORE WAY, SUITE 970
 CORAL GABLES, FL 33313-4**

2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.


City & State
 Zip Country

4. FEI Number
04-3842539

Applied For
 Not Applicable

5. Certificate of Status Desired **\$5.00** Additional Fee Required

02162007 Chg-LLC CR2E083 (12/06)



6. Name and Address of Current Registered Agent

**HOFFMAN, STUART K
 C/O HUNTON & WILLIAMS, LLP
 1111 BRICKELL AVE., SUITE 2500
 MIAMI, FL 33131**

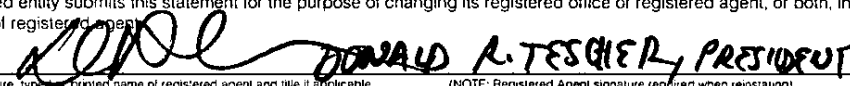
7. Name and Address of New Registered Agent

Name
MFW AGENTS, INC

Street Address (P.O. Box Number is Not Acceptable)
**BOCA CORP CENTER, SUITE 107
 2101 CORPORATE BLVD**

City
BOCA RATON FL Zip Code
33431

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  **DONALD A. TESCHER, PRESIDENT** DATE **4/17/07**

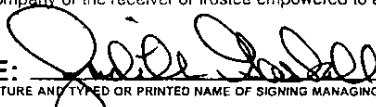
Signature, type or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

Filing Fee is \$50.00 Due by May 1, 2007

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
		MM PEEBLES, R. DONALD 550 BILTMORE WAY, STE 970 CORAL GABLES, FL 33134	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
		P HOFFMAN STUART K 550 BILTMORE WAY, STE 970 CORAL GABLES, FL 33134	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
		VP/SEC'Y GASKELL, JUDITH 550 BILTMORE WAY, STE 970 CORAL GABLES, FL 33134	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
		VP GRIMM, DANIEL H. 550 BILTMORE WAY, STE 970 CORAL GABLES, FL 33134	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
			<input type="checkbox"/> Change <input type="checkbox"/> Addition
			<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing 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:  **JUDITH GASKELL** DATE **4/17/07** Daytime Phone # **(305) 442-4342**

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