


2007 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

07 JUL 18 PM 4: 35

DOCUMENT # L06000002735 1. Entity Name PEEBLES URBAN, LLC	
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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
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



06182007 Chg-LLC CR2E083 (12/06)

4. FEI Number 04-3842539	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent M & W AGENTS, INC BOCA CORP CENTER, STE 107 2101 CORPORATE BLVD BOCA RATON, FL 33431	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

Amended AR is \$50.00		Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGRM PEEBLES, R.DONAHUE <input type="checkbox"/> Delete		TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
NAME	550 BILTMORE WAY STE 970		NAME	000106501900	
STREET ADDRESS	CORAL GABLES, FL 33134		STREET ADDRESS	07/20/07--01035--001 **50.00	
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	P HOFFMAN, STUART K <input type="checkbox"/> Delete		TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
NAME	550 BILTMORE WAY STE 970		NAME	BLT	
STREET ADDRESS	CORAL GABLES, FL 33134		STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	VS GASKELL, JUDITH <input checked="" type="checkbox"/> Delete		TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
NAME	550 BILTMORE WAY STE 970		NAME		
STREET ADDRESS	CORAL GABLES, FL 33134		STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	V GRIMM, DANIEL H <input type="checkbox"/> Delete		TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
NAME	550 BILTMORE WAY STE 970		NAME		
STREET ADDRESS	CORAL GABLES, FL 33134		STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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:  *6/18/07* *3054424342*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #