

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000002735

Entity Name: PEBBLES URBAN, LLC

FILED  
May 08, 2008  
Secretary of State

**Current Principal Place of Business:**

550 BILTMORE WAY, SUITE 970  
CORAL GABLES, FL 333134

**New Principal Place of Business:**

**Current Mailing Address:**

550 BILTMORE WAY, SUITE 970  
CORAL GABLES, FL 333134

**New Mailing Address:**

FEI Number: 04-3842539      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

M & W AGENTS, INC  
BOCA CORP CENTER, STE 107  
2101 CORPORATE BLVD  
BOCA RATON, FL 33431 US

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 ( ) Delete  
Name: PEBBLES, R.DONAHUE  
Address: 550 BILTMORE WAY STE 970  
City-St-Zip: CORAL GABLES, FL 33134

Title: P ( ) Delete  
Name: HOFFMAN, STUART K  
Address: 550 BILTMORE WAY STE 970  
City-St-Zip: CORAL GABLES, FL 33134

Title: V ( ) Delete  
Name: GRIMM, DANIEL H  
Address: 550 BILTMORE WAY STE 970  
City-St-Zip: CORAL GABLES, FL 33134

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: STUART HOFFMAN

P

05/08/2008

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date