

2008 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

**FILED
Sep 04, 2008
Secretary of State**

DOCUMENT# L06000002735

Entity Name: PEBBLES URBAN, LLC

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 ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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 (X) 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: R. DONAHUE PEBBLES

MGRM

09/04/2008

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