

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F98000006481

FILED  
Jan 31, 2008  
Secretary of State

Entity Name: URBAN WEST MANAGEMENT, INC.

**Current Principal Place of Business:**

4100 NEWPORT PLACE  
SUITE 800  
NEWPORT BEACH, CA 92660 US

**New Principal Place of Business:**

**Current Mailing Address:**

4100 NEWPORT PLACE  
SUITE 800  
NEWPORT BEACH, CA 92660 US

**New Mailing Address:**

FEI Number: 59-3308046      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

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

F&L CORP.  
ONE INDEPENDENT DRIVE  
SUITE 1300  
JACKSONVILLE, FL 32202 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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: BRAY, JOHN H  
Address: 400 N. ASHLEY DRIVE, SUITE 3010  
City-St-Zip: TAMPA, FL 33602 US

Title: VPS ( ) Delete  
Name: BRAY, MATTHEW J  
Address: 400 N. ASHLEY DRIVE, SUITE 3010  
City-St-Zip: TAMPA, FL 33602 US

Title: VP ( ) Delete  
Name: WEST, DALE A  
Address: 400 N. ASHLEY DRIVE, SUITE 3010  
City-St-Zip: TAMPA, FL 33602 US

Title: VPT ( ) Delete  
Name: FALLIERS, JOHN C  
Address: 4100 NEWPORT PLACE, SUITE 800  
City-St-Zip: NEWPORT BEACH, CA 92660 US

Title: VPAS ( ) Delete  
Name: TROUTMAN, JOHN C  
Address: 4100 NEWPORT PLACE, SUITE 800  
City-St-Zip: NEWPORT BEACH, CA 92660 US

Title: ASVP ( ) Delete  
Name: LEMONS, DAWN M  
Address: 400 N. ASHLEY DRIVE, SUITE 3010  
City-St-Zip: TAMPA, FL 33602 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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

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 or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAWN M. LEMONS

Electronic Signature of Signing Officer or Director

AVP

01/31/2008

Date