

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G83180

FILED
Jan 31, 2008
Secretary of State

Entity Name: URBAN PROPERTIES OF FLORIDA, INC.

Current Principal Place of Business:

4100 NEWPORT PLACE
SUITE 800
NEWPORT BEACH, CA 92660

New Principal Place of Business:

Current Mailing Address:

4100 NEWPORT PLACE
SUITE 800
NEWPORT BEACH, CA 92660

New Mailing Address:

FEI Number: 59-2378751 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: P () Delete
Name: BRAY, JOHN H
Address: 400 N. ASHLEY DRIVE, SUITE 3010
City-St-Zip: TAMPA, FL 33602

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

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

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

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: BRAY, JOHN H
Address: 400 N. ASHLEY DRIVE, SUITE 3010
City-St-Zip: TAMPA, FL 33602

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

AVP

01/31/2008

Electronic Signature of Signing Officer or Director

Date