

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000006364

FILED
Apr 05, 2007
Secretary of State

Entity Name: URBANISM-CORAL WAY, L.L.C.

Current Principal Place of Business:

1400 NE MIAMI GARDENS DR. SUITE #210-A
NORTH MIAMI BEACH, FL 33179 US

New Principal Place of Business:

1400 NE MIAMI GARDENS DR. SUITE #210-A
MIAMI, FL 33179 US

Current Mailing Address:

1400 NE MIAMI GARDENS DR. SUITE #210-A
NORTH MIAMI BEACH, FL 33179 US

New Mailing Address:

1400 NE MIAMI GARDENS DR. SUITE #210-A
MIAMI, FL 33179 US

FEI Number: 65-1035380

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SKRLD, INC.
201 ALHAMBRA CIRCLE, SUITE 1102
CORAL GABLES, FL 33134 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: MGR () Delete
Name: STRELITZ, BRIAN L
Address: 301 ALMERIA AVENUE SUITE 106
City-St-Zip: CORAL GABLES, FL 33134

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: STRELITZ, BRIAN L
Address: 1400 N.E. MIAMI GARDESN DR, #210-A
City-St-Zip: MIAMI, FL 33179 US

Title: MEMB () Change (X) Addition
Name: RUIZ, ZULLY
Address: 1400 N.E. MIAMI GARDESN DR, #210-A
City-St-Zip: MIAMI, FL 33179

I hereby certify that the information supplied with this filing does not qualify for the 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: BRIAN L. STRELITZ

MGRM

04/05/2007

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