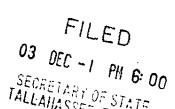
UNIFORM BUSINESS REPORT (L						
DOCUMENT # L0000007951  1. Entity Name  NEW URBAN LYMAN, L.L.C.						
14217 3113/47 211///41, 212.31	1 1/2					



DO NOT WRITE IN THIS SPACE					TALLAHASSEE, FLORIDA				
Principal Place of Business     S.E. 6TH AVENUE     Mailing Address				<del></del>					
Suite, Apt. #, etc.		Suite, Apt. #, etc	Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE			
City & State DELRAY BEACH, FL		City & State	City & State			<sup>oer</sup> 651059856		Applied Fo	
Zip 33483	Country US	Zip	Countr	·у	5. Certificate	of Status Desired		5.00 Additional ee Required	
DO NOT WRITE IN THIS SPACE				7. Name and Address of Current Registered Agent  Name CORPDIRECT AGENTS, INC.  Street Address (P.O. Box Number is Not Acceptable)					
			}	103 N. MERIDIAN STREET					
	named entity submits this statem ions of registered agent.	ent for the purpose of chang	ging its registered		AHASSEE stered agent, or bo	oth, in the State of Flor	FL rida. I am far	Zip Code 32301 niliar with, and acce	ept
SIGNATURE	Signature, typed or printed name of registered	agen) and title if applicable.					DATE		
		Make Check F	FEE IS S Payable to Flo DUE BY	rida Departr	nent of State				
9.	MANAGING ME	MBERS/MANAGERS							二。
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CORPORATION, 398 N.E. 6TH AVE.,		TITLE NAME STREET CITY-S	T ADDRESS	800025196378 12/03/03-01064-014 **50.00				CR2E083B (12/02)
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>^</b>		CITY-S	T ADDRESS					CR2E
TITLE NAME STREET ADDRESS CITY-ST-ZIP	HME	NDE	TITLE NAME STREET CITY-S	T ADDRESS ST-ZIP	D	O NOT I	VRIT	<b>E</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	761	7	TITLE NAME STREET CITY-S	T ADDRESS	II.	THIS S	PAC	E	
TITL!! NAME STHEET ADDRESS CITY-ST-ZIP	200		TITLE NAME STREET CITY-S	T ADDRESS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	UC	BR	TITLE NAME STREET CITY-S	FADDRESS					

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: WWW. MULTIONIZED FIGURE AUGUSTED REPRESENTATIVE SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Authorized Rep.

11-20-03

Daytime Phone #