LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000009913

1. Entity Name

NEW URBAN OSCEOLA, L.L.C.



FILED

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DO NOT WRITE IN THIS SPACE						TĂĹ	CRETARY OF S LAHASSEE, FL	TATE ORIDA	
2. Principal Place of Business 72 S.E. 6TH AVENUE					<u></u>	-			
Suite, Apt. #, etc.			Suite, Apt. #, etc.			」 りれ	DO NOT WRITI	E IN THIS SPA	CE
City & State DELRAY BEACH, FL			City & State		4. FE! Num	oer 651052045		Applied For Not Applicable	
Zip 33483	Country US		Zip	Zip Cour		5. Certificate of Status Desired			
					7. Name and Address of Current Registered Agent Name CORPDIRECT AGENTS, INC.			gent	
DO NOT WRITE IN THIS SPACE					Street Address (P.O. Box Number is Not Acceptable)				
					103 N. MERIDIAN STREET				
					City TALLA	AHASSEE	·	FL	Zip Code 32301
8. 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. I am familiar with, and act the obligations of registered agent.									liar with, and accept
SIGNATURE		nted name of registered agent				···			
	Signature, typed or prin		Make Che	ck Payable to F	\$ \$50.00 lorida Departn Y MAY 1	nent of State		DATE	
9. TITLE	MOD NE	MANAGING MEMBI		TITL	E .				
NAME STREET ADDRESS CITY-ST-ZIP	CORPORATION, 398 N.E. 6TH AVE.,				AME				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	h.				1	A Last C	ored terebr		100.35
TITLE NAME STREET ADDRESS CITY-ST-ZIP	HI	LEV	DE	TITE NAM STR		D	O NOT V	VRITI	E
TITLE NAME STREET ADDRESS CITY-ST-ZIP	7	A A •	2		i	, 11	N THIS S	PACE	
TITLE Name Street Address City-ST-ZIP		00	5	•	i				
TITLE NAME STREET ADDRESS CUTY- ST- 71P		BR		I					

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.

TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Authorized Rep.

11-20-03

Daytime Phone #