## LIMITED LIABILITY COMPANY **UNIFORM BUSINESS REPORT (UBR)**



## DO NOT WRITE IN THIS SPACE

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DOCU 1. Entity Nam	MENT # L02000004			FILED				
NEW URBAN EAST VILLAGE, L.L.C.					US DEC.			
DO NOT WRITE IN THIS SPACE					SECRETARY OF STATE TALLAHASSEE, FLORIDA			
398 N.E.	Place of Business . 6TH AVENUE	3. Mailing Address						
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE			
City & State DELRAY BEACH, FL		City & State		030307586		Applied For Not Applicable		
<sup>Zip</sup> 33483	Country US	Zip	Country		5. Certificate of Status Desired			Required
DO NOT WRITE					7. Name and Address of Current Registered Agent  CORPDIRECT AGENTS, INC.			
				<u> </u>	P.O. Box Number is Not Acceptable)			
IN THIS SPACE			•					
				103 N. MER	:E1	T Zio Code		
8. The above named entity submits this statement for the purpose of changing its rec				City TALLAHASSEE FL Zip Code 32301				
	tions of registered agent.	in the barbose of Changing in	s registeri	ed office of register	eu agent, or both,	in the State of Florida.	i aiii iaiiiiia	r wiiri, and accept
SIGNATURE .								
·	Signature, typed or printed name of registered agent	III STATE OF THE STATE OF	FEE IS	\$50.00			DATE	
		Make Check Payal	ble to Fl	orida Departme	nt of State			
9.	MANAGING MEMBE		DUE BY	MAY 1	<u></u>	<del> </del>		
TITLE					<del> </del>			
NAME STREET ADDRESS CITY-ST-ZIP	CORPORATION, 398 N.E. 6TH AVE.,			E £t address -st-zip	400025196314 12/03/0301064011 **50.00			
TITLE :			TITLE		<del> · · · · · · ·</del>		·	
NAME Street address		•	NAM STRE	E ET ADDRESS	``	- <b>*</b> 		
CITY-ST-ZIP	MAR	-110	CITY	ST. 7IP	<u> </u>			
TITLE NAME	HIME		N TI					
STREET ADDRESS CITY-ST-ZIP	114 14	<b>, , , , , ,</b>		ADDRESS   -ST-ZIP	DO	NOT W	RITE	:
TITLE					<del></del>			
			NAMI		IN THIS SPACE			
STREET ADDRESS City-St-Zir	<i> </i>	/U 7		ET ADDRESS - ST-ZIP			_	
TITLE			TITLE	-1			· <del></del>	
NAME STREET ADDRESS	X L		STRE	E Et address				
CITY-ST-ZIP				ST-ZIP		<u> </u>		
TITLE NAME	1	71	, TITLE NAME					
STREET ADDRESS	V		STRE	ET ADDRESS				

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.

11-20-03 Date

Daytime Phone #

SIGNATURE: Authorized Rep.

SIGNATURE AND PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE