FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L02000010091

1. Entity Name
URBAN CONCEPTS, LLC

Principal Place of Business	Mailing Address
1200 ~~BRICKELL AVE., STE. 900~~ ~~MIAMI~~, FL 33131	C/O AGI ~~REGISTERED AGENTS~~, INC. 1200 ~~BRICKELL~~ AVE., STE. 900 ~~MIAMI~~, FL 33131

2. Principal Place of Business	3. Mailing Address
815 n.w 57 ave	815 n.w 57 ave
Suite, Apt. #, etc. 405	Suite, Apt. #, etc. 405
City & State: Miami Florida	City & State: Miami Florida
Zip: 33126 Country: USA	Zip: 33126 Country: USA

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

AGI REGISTERED AGENTS, INC.
1200 BRICKELL AVE., STE. 900
MIAMI, FL 33131

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number Is Not Acceptable)

City FL Zip Code

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 accept the obligations of registered agent.

SIGNATURE: ____________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

500015176756
04/02/03--01053--003 **50.00

9.	MANAGING MEMBERS/MANAGERS		10.	ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR JVRP DEVELOPERS, LLC 1200 ~~BRICKELL AVE.~~, STE. 900 ~~MIAMI, FL 33131~~	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	815 n.w 57 ave suite 405 Miami Florida 33126	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR LOGO REAL ESTATE INVESTMENTS, LLC 1200 BRICKELL AVE., STE. 900 MIAMI, FL 33131	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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CR2E083 (10/02)

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: [signature] 3/26/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #