

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000034348

FILED
Mar 15, 2007
Secretary of State

Entity Name: URBAN VENTURES REALTY SERVICES, LLC

Current Principal Place of Business:

200 SOUTH PARK ROAD, SUITE 456
HOLLYWOOD, FL 33021 US

New Principal Place of Business:

2800 PONCE DE LEON BOULEVARD
SUITE 1310
CORAL GABLES, FL 33134 US

Current Mailing Address:

200 SOUTH PARK ROAD, SUITE 456
HOLLYWOOD, FL 33021 US

New Mailing Address:

2800 PONCE DE LEON BOULEVARD
SUITE 1310
CORAL GABLES, FL 33134 US

FEI Number: 65-1166062

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MIAMI CORPORATE SYSTEMS, INC.
283 CATALONIA AVENUE
2ND FLOOR
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

J.W. HARRIS & COMPANY
2800 PONCE DE LEON BOULEVARD
SUITE 1310
CORAL GABLES, FL 33134 US

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: JAMES W. HARRIS

03/15/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: HARRIS, JAMES W
Address: 200 SOUTH PARK ROAD, SUITE 456
City-St-Zip: HOLLYWOOD, FL 33021 US

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: HARRIS, JAMES W
Address: 2800 PONCE DE LEON BLVD - SUITE 1310
City-St-Zip: CORAL GABLES, FL 33134 US

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: JAMES W. HARRIS

MGR

03/15/2007

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