FILED

2003 LIMITED LIABILITY COMPANY **UNIFORM BUSINESS REPORT (UBR)**

Jul 09, 2003 8:00 am **Secretary of State** DOCUMENT # L0200035141 07-09-2003 90023 007 ****55.00 1. Entity Name NEW URBAN, LLC Principal Place of Business Mailing Address 254 NE 6TH STREET 254 NE 6TH STREET **BOCA RATON FL 33432 BOCA RATON FL 33432** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES Applied For City & State City & State Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent **BUSINESS FILINGS INCORPORATED** Street Address (P.O. Box Number is Not Acceptable) 1000 WEST AVENUE STE. 1114 MIAMI BEACH FL 33139 8. The above named entity subnits ment for the purpose of changing its registered office or registered agent, or both, in the State of Florida. the obligations of registered SIGNATURE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By September 24, 2003 MANAGING MEMBERS/MANAGERS 9. 10. ADDITIONS/CHANGES MGR TITLE TITLE ☐ Change Addition ☐ Delete NEWMAN, AARON NAME STREET ADDRESS 254 NE 6TH STREET STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL 33432** Delete TITLE TITLE Addition ☐ Change STEVE NEWMAN NAME NAME 468 E BOCA RATON AD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP BOCA RATON, K TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IF CITY-ST-ZIP Delete TITLE TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 properties empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: MATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Daytime Phone #