| 2006 LIMITED LIABILITY COMPANY<br>ANNUAL REPORT   |   |                                       |                           | FILED<br>Aug 28, 2006 08:00 A<br>Secretary of State   |  |  |
|---|---|---------------------------------------|---------------------------|---|--|--|
| DOCUMENT # L03000005829<br>1. Entity Name<br>K2 URBANCORP LLC   |   |                                       |                           | Secretary of State  |  |  |
| Principal Place of Business Mailing Address   541 BEVERLY COURT 541 BEVERLY COURT   TALLAHASSEE, FL 32301 TALLAHASSEE, FL 32301 |   |                                       |                           |   |  |  |
| <b>DO NOT WRITE IN THIS SPACE</b><br>6. Name and Address of Current Registered Agent  |   |                                       |                           | Itel is in the initial initialinitial initini initial initial initial initial initial initial i |  |  |
| 6. Name and Address of Current Registered Agent<br>WAMSLEY, DAVID B<br>541 BEVERLY COURT<br>TALLAHASSEE, FL 32301               |   |                                       |                           | DO NOT WRITE<br>IN THIS SPACE   |  |  |
| the obligati  | named entity submits this statement fo<br>ions of registered agent.<br>Signature, typed or printed name of registered agent |                                       | istered office or registe | red agent, or both, in the State of Florida. I am familitar with, and accept  |  |  |
| Filing Føe is \$50.00<br>Due by September 6, 2006   |   |                                       |                           | U00000575538<br>08/29/06-80006-006 50.00  |  |  |
| 9.<br>ITTLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP<br>TITLE<br>NAME   | MANAGING MEMBE<br>MGRM<br>WAMSLEY, DAVID B<br>541 BEVERLY COURT<br>TALLAHASSEE, FL 32301                                    | RS/MANAGERS                           |                           |   |  |  |
| STREET ADDRESS<br>CITY- ST- ZIP<br>TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP<br>TITLE                                    | · · ·   |                                       |                           | DO NOT WRITE<br>IN THIS SPACE   |  |  |
| NAME<br>STREET ADDRESS<br>CITY-ST-ZIP<br>TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |   |                                       |                           |   |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP<br>11. I hereby<br>indicated   | certify that the information supplied wi  | th this filing closes not qualify for | the exemptions contain    | red in Chapter 119, Florida Statutes I further certify that the information<br>if made under cath; that I am a managing member or manager of the  |  |  |
| SIGNAT  |   | $\geq$                                |                           | if made under oath; that I am a managing member or manager of the<br>hapter 608, Florida Statutes.<br>Date Daytime Phone #  |  |  |

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