

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Jun 01, 2004 8:00 am
Secretary of State

05-03-2004 90134 006 ****50.00

DOCUMENT # L03000011823	
1. Entity Name NEW URBAN RENAISSANCE DESIGN GROUP, LLC.	

Principal Place of Business 101 SE 21ST STREET FORT LAUDERDALE FL 33316	Mailing Address 101 SE 21ST STREET FORT LAUDERDALE FL 33316
---	---

2. Principal Place of Business Suit 120 NE 4TH Street Fort Lauderdale, FL 33301		3. Mailing Address	
City	Country	Zip	Country

34007041



MOORE CR2E083 (11/03)

4. FEL Number 86-1056167	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent RICHARDSON, GEX 6200 COCONUT TERRACE PLANTATION FL 33317	
--	--

7. Name and Address of New Registered Agent	
Name Gex Richardson	
Street Address (P.O. Box Number is Not Acceptable) 120 NE 4th Street	
City Fort Lauderdale	FL Zip Code 33301

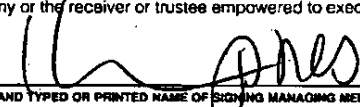
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

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, 2004

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGM GWJV, Inc 120 NE 4th Street Fort Lauderdale, FL 33301 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGM Gerald Belgrave 110 NE 4th Street Fort Lauderdale FL 33301 ☐ 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
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

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:  **4/29/04** **904-761 3472**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #