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May 03, 2004 8:00 am
Secretary of State
05-03-2004 90132 014 ****50.00

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000021915

1. Entity Name
MIAMI URBAN LLC

Principal Place of Business	Mailing Address
2645 S. BAYSHORE DRIVE STE. 1002 MIAMI, FL 33133	2645 S. BAYSHORE DRIVE STE. 1002 MIAMI, FL 33133

04292004 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business		3. Mailing Address	
2601 S. BAYSHORE DR.		2601 S. BAYSHORE DRIVE	
Suite, Apt. #, etc. SUITE 235		Suite, Apt. #, etc. SUITE 235	
City & State MIAMI, FLORIDA		City & State MIAMI FLORIDA	
Zip 33133	Country USA	Zip 33133	Country USA

4. FEI Number 01-0799167 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SCHREYER, FRIEDRICH W 2645 S. BAYSHORE DRIVE STE. 1002 MIAMI, FL 33133 Address change →	Name Street Address (P.O. Box Number is Not Acceptable) 2601 S. BAYSHORE DRIVE SUITE 235 City MIAMI FL Zip Code 33133

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] 4/29/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered agent signature required when reinstating) DATE

Filing Fee is $50.00
Due by May 1, 2004

Make check payable to Florida Department of State

9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ROSELL, JORGE A 2645 SOUTH BAYSHORE DRIVE, STE. 1002 MIAMI, FL 33133	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGING BROKER ROSELL, JORGE A 2601 S. BAYSHORE DRIVE SUITE 235 MIAMI FLORIDA 33133	☑ 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
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: [signature] 4/29/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

pd. check # 1085/4-29-04