

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 02, 2005 8:00 am**  
**Secretary of State**

05-02-2005 90113 006 \*\*\*\*50.00

|  |  |   |
|--|--|---|
| <b>DOCUMENT # L03000024362</b>                   |  |  |
| 1. Entity Name<br>URBAN INTERNATIONAL GROUP, LLC |  |   |

|   |   |
|---|---|
| Principal Place of Business<br>800 BRICKELL AVENUE, SUITE 1109<br>MIAMI, FL 33131 | Mailing Address<br>800 BRICKELL AVENUE, SUITE 1109<br>MIAMI, FL 33131 |
|---|---|

|  |                                      |
|--|--------------------------------------|
| 2. Principal Place of Business<br>1600 SW 2AVE | 3. Mailing Address<br>1600 SW 2 AVE. |
| Suite, Apt. #, etc.                            | Suite, Apt. #, etc.                  |

|                          |                          |
|--------------------------|--------------------------|
| City & State<br>MIAMI FL | City & State<br>MIAMI FL |
| Zip<br>33129             | Country<br>DADE          |
| Zip<br>33129             | Country<br>DADE          |



03292005 Chg-LLC CR2E083 (10/03)

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|-----------------------------|--|
| 4. FEI Number<br>57-1177236 | Applied For<br><input type="checkbox"/> Not Applicable |
|-----------------------------|--|

|   |                                |
|---|--------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |
|---|--------------------------------|

|  |  |
|--|--|
| 6. Name and Address of Current Registered Agent<br>HUERTAS, ERNESTO<br>6216 S.W. 8TH STREET<br>MIAMI, FL 33134 | 7. Name and Address of New Registered Agent<br>Name: SANTIAGO VANEGAS MOTTA<br>Street Address (P.O. Box Number is Not Acceptable):<br>1600 SW 2AVE<br>City: MIAMI FL Zip Code: 33129 |
|--|--|

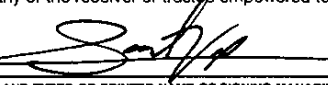
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

|   |  |
|---|--|
| SIGNATURE  | DATE 04/25/05  |
| Signature, typed or printed name of registered agent and title if applicable.                 | (NOTE: Registered Agent signature required when reinstating) |

|   |  |
|---|--|
| Filing Fee is \$50.00<br>Due by May 1, 2005 | Make check payable to<br>Florida Department of State |
|---|--|

| 9. MANAGING MEMBERS/MANAGERS                   |   | 10. ADDITIONS/CHANGES                          |  |
|--|---|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGRM<br>LOPEZ, ALI JOSE<br>800 BRICKELL AVENUE, SUITE 1109<br>MIAMI, FL 33131 <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br>1600 SW 2AVE<br>MIAMI FL 33129 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGRM<br>VANEGAS, SANTIAGO<br>800 BRICKELL AVENUE, SUITE 1109<br>MIAMI, FL 33131 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGRM<br>VELEZ, ANA MARIA<br>800 BRICKELL AVENUE, SUITE 1109<br>MIAMI, FL 33131 <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> 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          | DATE 04/25/05        |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE | Date Daytime Phone # |