2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 13, 2004 8:00 am
Secretary of State
04-20-2004 90191 016 ****55.00

DOCUMENT # L03000036244

1. Entity Name
ISLAND DISTRICT TRANSIT VILLAGE DEVELOPERS, LLC

Principal Place of Business	Mailing Address
3672 GRAND AVE. COCONUT GROVE, FL 33133	3672 GRAND AVE. COCONUT GROVE, FL 33133

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip / Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip / Country

01142004 Chg-LLC CR2E083 (10/03)

4. FEI Number 04-3796203 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent
COCONUT GROVE LOCAL DEVELOPMENT CORP INC
3672 GRAND AVE.
COCONUT GROVE, FL 33133

7. Name and Address of New Registered Agent
Name URBAN EMPOWERMENT CORPORATION
Street Address (P.O. Box Number is Not Acceptable)
3672 GRAND AVENUE
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, 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

TITLE	MGR ☒ Delete
NAME	COCONUT GROVE LOCAL DEVELOPMENT CORP INC
STREET ADDRESS	3672 GRAND AVE.
CITY-ST-ZIP	COCONUT GROVE, FL 33133
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete

10. ADDITIONS/CHANGES

TITLE	MGR ☒ Change ☐ Addition
NAME	URBAN EMPOWERMENT CORPORATION
STREET ADDRESS	3672 GRAND AVENUE
CITY-ST-ZIP	MIAMI, FLORIDA 33133
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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] 4/14/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #