


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT.

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

05-02-2005 90113 001 ****50.00

DOCUMENT # L03000039133

1. Entity Name
URBAN REALTY, LLC



Principal Place of Business
**800 BRICKELL AVE., STE. 1109
 MIAMI, FL 33131**

Mailing Address
**800 BRICKELL AVE., STE. 1109
 MIAMI, FL 33131**

20052800

2. Principal Place of Business
1600 SW 2AVE

3. Mailing Address
1600 SW 2AVE

Suite, Apt. #, etc.
 Suite, Apt. #, etc.

City & State
MIAMI, FL

City & State
MIAMI, FL

Zip
33129

Country
DADE

Zip
33129

Country
DADE

03292005 Chg-LLC CR2E083 (10/03)

4. FEI Number
90-0113510

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**HUERTAS, ERNESTO
 6216 SW 8TH ST.
 MIAMI, FL 33134**

7. Name and Address of New Registered Agent

Name **SANTIBIO VANEGAS NOTTA**

Street Address (P.O. Box Number is Not Acceptable)
1600 SW 2AVE

City **MIAMI FL.** **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**

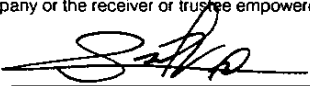
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$50.00 Due by May 1, 2005

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LOPEZ, ALI JOSE 800 BRICKELL AVE., STE. 1109 MIAMI, FL 33131 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1600 SW 2AVE MIAMI FL. 33129
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM VANEGAS, SANTIAGO 800 BRICKELL AVE., STE. 1109 MIAMI, FL 33131 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM VELEZ, ANA MARIA 800 BRICKELL AVE., STE. 1109 MIAMI, FL 33131 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS 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 #