
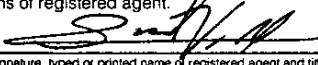


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT.

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	
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
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #