2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000056219

URBAN RENAISSANCE DEVELOPMENT, LLC



Principal Place of Business

Mailing Address

315 E. ROBINSON STREET SUITE 660

ORLANDO, FL 32835 US

315 E. ROBINSON STREET

SUITE 660

ORLANDO, FL 32835



FILED

Feb 07, 2005 08:00 AM **Secretary of State**

DO NOT WRITE IN THIS SPACE

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4. FEI Number Applied For 59-3179911 Not Applicable \$5.00 Additional

5. Certificate of Status Desired

01062005 No Chg-LLC

Fee Required

CR2E083 (10/03)

6. Name and Address of Current Registered Agent

BLACK BUSINESS CAPITAL FINANCING CORP. 315 E. ROBINSON ST

SUITE 660

ORLANDO, FL 32835

DO NOT WRITE IN THIS SPACE

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.			
\$IGNATURE.	Signature, typed or printed name of registered agent and tide if applicable.	(NOTE, Registered Agent signature required when reinstating)	DATE
ivi F	iling Fee is \$50.00 ue by May 1, 2005		
9 .	MANAGING MEMBERS/MANAGERS	(V) shared a state of the state	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BLACK BUSINESS CAPITAL FINANCING CORP. 315 E. ROBINSON STREET ORLANDO, FL 32835		HOOGOGOANDON
TITLE NAME STREET ADDRESS CITY-ST-ZIP			U00000219227 02/08/05-80019-014 50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN 7	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NUME STREET ADDRESS			

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 PHINTED NAME OF SIGNING HANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

407, 649-4780

Daytime Phone #