

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Feb 22, 2007 08:00 A**  
**Secretary of State**

**DOCUMENT # L03000056219**

1. Entity Name

URBAN RENAISSANCE DEVELOPMENT, LLC



Principal Place of Business

315 E. ROBINSON STREET  
SUITE 660  
ORLANDO, FL 32835 US

Mailing Address

315 E. ROBINSON STREET  
SUITE 660  
ORLANDO, FL 32835 US

**DO NOT WRITE IN THIS SPACE**



01242007No Chg-LLC

CR2E083 (11/05)

4. FEI Number

59-3179911

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

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.

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, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	BLACK BUSINESS CAPITAL FINANCING CORP.
STREET ADDRESS	315 E. ROBINSON STREET
CITY - ST - ZIP	ORLANDO, FL 32835

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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CITY - ST - ZIP	

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03/02/07-80067-011 55.00

**DO NOT WRITE  
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

407-649-4780