


**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 05, 2008 08:00 AM
Secretary of State

DOCUMENT # L03000056219 1. Entity Name URBAN RENAISSANCE DEVELOPMENT, LLC	
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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
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02212008No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3179911	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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
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**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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

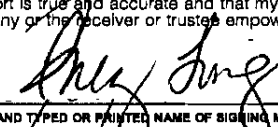
FILE NOW!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

U00000946935
05/30/08-80069-012 138.75

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BLACK BUSINESS CAPITAL FINANCING CORP. 315 E. ROBINSON STREET ORLANDO, FL 32835
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IN THIS SPACE**

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

4/25/08 **407-649-4780**
Date Daytime Phone #