FILED
May 31, 2005 8:00 am
Secretary of State

04-13-2005 90217 001 ****50.00

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

4/14

DOCUMENT # L04000011041

1. Entity Name
URBANISM - 3202, LLC

Principal Place of Business	Mailing Address
814 PONCE DE LEON BLVD, STE 402 CORAL GABLES, FL 33134	814 PONCE DE LEON BLVD, STE 402 CORAL GABLES, FL 33134

30008099

04052005 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business		3. Mailing Address	
301 Almeria Avenue		301 Almeria Avenue	
Suite, Apt. #, etc. Suite # 106		Suite, Apt. #, etc. Suite # 106	
City & State Coral Gables, Fl		City & State Coral Gables - Fl	
Zip 33134	Country USA	Zip 33134	Country USA

4. FEI Number 35-2225468 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SKRLD, INC. 201 ALHAMBRA CIR, STE 1102 CORAL GABLES, FL 33134	Name Street Address (P.O. Box Number Is Not Acceptable) City FL Zip Code

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, 2005

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Managing member Brian C. Stackle 301 Almeria Ave # 106 C. Gables - Fl ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Zully Ruiz, member 301 Almeria Ave # 106 C. Gables ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ 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] 5/26/05 4-1-05 305-444-5638
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #