

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000012289

Entity Name: URBAN CORE DEVELOPMENT, LC

FILED
Jan 19, 2006
Secretary of State

Current Principal Place of Business:

829 EASTVIEW AVENUE
DELRAY BEACH, FL 33483

New Principal Place of Business:

101 SE 15TH AVENUE
UNIT E
FORT LAUDERDALE, FL 33301

Current Mailing Address:

PO BOX 14818
FT. LAUDERDALE, FL 33302

New Mailing Address:

FEI Number: 20-0764107

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NEWMAN, AARON
829 EASTVIEW AVENUE
DELRAY BEACH, FL 33302 US

Name and Address of New Registered Agent:

NEWMAN, AARON
101 SE 15TH AVENUE
UNIT E
FORT LAUDERDALE, FL 33301 US

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.

SIGNATURE: AARON NEWMAN

01/19/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: NEWMAN FAMILY TRUST, UAD 9/29/2005
Address: PO BOX 14818
City-St-Zip: FORT LAUDERDALE, FL 33302

Title: MGR () Delete
Name: NEWMAN, STEFANI
Address: PO BOX 14818
City-St-Zip: FORT LAUDERDALE, FL 33302

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGR (X) Change () Addition
Name: STEFANI NEWMAN LIVIN, G TRUST UAD 9/ 2 9/05
Address: PO BOX 14818
City-St-Zip: FORT LAUDERDALE, FL 33302

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: AARON NEWMAN

MGRM

01/19/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date