


FILED
Jan 23, 2008 8:00 am
Secretary of State

01-23-2008 90022 009 ***143.75

**2008 LIMITED LIABILITY COMPANY
 ANNUAL REPORT**

DOCUMENT # L04000012289

1. Entity Name
 URBAN CORE DEVELOPMENT, LC



Principal Place of Business 468 E BOCA RATON RD BOCA RATON, FL 33432	Mailing Address PO BOX 025724 PTY 948 MIAMI, FL 33102
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60003218



2. Principal Place of Business - No P.O. Box # 433 PLAZA REAL	3. Mailing Address 433 PLAZA REAL
Suite, Apt. #, etc. SUITE 275	Suite, Apt. #, etc. SUITE 275
City & State BOCA RATON FL	City & State BOCA RATON, FL
Zip 33432	Country USA

01152008 Chg-LLC CR2E083 (12/06)

8. Name and Address of Current Registered Agent

NEWMAN, DANIELE
 468 E BOCA RATON RD
 BOCA RATON, FL 33432

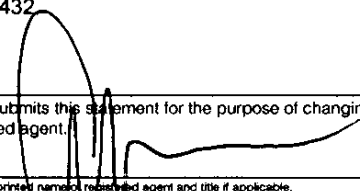
7. Name and Address of New Registered Agent

Name **AARON NEWMAN**

Street Address (P.O. Box Number is Not Acceptable)
433 PLAZA REAL SUITE 275

City **BOCA RATON** FL Zip Code **33432**

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.

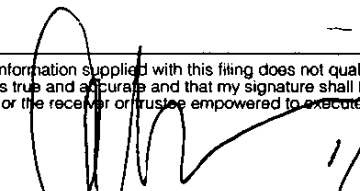
SIGNATURE  DATE **1/15/08**

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		Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM NEWMAN FAMILY TRUST UAD 9/29/2005 PO BOX 025724 PTY 948 MIAMI, FL 33102 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM NEWMAN FAMILY TRUST UAD 9/29/05 433 PLAZA REAL SUITE 275 BOCA RATON FL 33432 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.

 DATE **1/15/08**