2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

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Apr 27, 2005 8:00 am
Secretary of State
04-27-2005 90034 026 ****50.00

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04222005 Chg-LLC CR2E083 (10/03)

DOCUMENT # L04000015695

1. Entity Name
URBAN RENEWAL, L.L.C.

Principal Place of Business	Mailing Address
220 S. FRANKLIN STREET TAMPA, FL 33602	220 S. FRANKLIN STREET TAMPA, FL 33602

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc. 100 E. MADISON ST., SUITE 100-A		Suite, Apt. #, etc. 100 E. MADISON ST., SUITE 100-A	
City & State TAMPA FL		City & State TAMPA FL	
Zip 33602	Country USA	Zip 33602	Country USA

4. FEI Number 20-2727652 ☐ 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
GARDNER, J. STEPHEN 220 S. FRANKLIN STREET TAMPA, FL 33602	Name J. STEPHEN GARDNER Street Address (P.O. Box Number is Not Acceptable) 101 S. FRANKLIN ST. SUITE 101 City TAMPA **FL** Zip Code 33602

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] 4/22/05
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	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MBR MINDER, GREGORY J. 100 E. MADISON ST., SUITE 100-A TAMPA FL 33602 ☐ 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
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] 4/22/05 813-549-1902
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #