


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000015695		
1. Entity Name URBAN RENEWAL, L.L.C.		

FILED  
06 MAY 15 PM 2:27  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business 100 E MADISON ST STE 100-A TAMPA, FL 33602 US	Mailing Address 100 E MADISON ST STE 100-A TAMPA, FL 33602 US
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2. Principal Place of Business 601 N. ASHLEY Suite, Apt. #, etc. SUITE 600 City & State TAMPA, FL Zip 33602 HILLSBOROUGH	3. Mailing Address 601 N. ASHLEY Suite, Apt. #, etc. SUITE 600 City & State TAMPA, FL Zip 33602 HILLSBOROUGH
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04132006 Chg-LLC CR2E083 (11/05)

6. Name and Address of Current Registered Agent GARDNER, J. STEPHEN 101 S. FRANKLIN ST STE 101 TAMPA, FL 33602	
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4. FEI Number 20-2727662-20-0869334	Applied For Not Applicable
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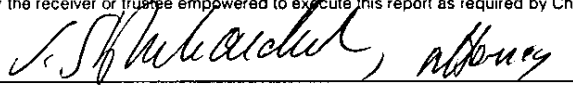
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

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	DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)	

Filing Fee is \$50.00 Due by May 1, 2006	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	MGR MINDER, GREGORY J 100 E MADISON ST STE 100-A TAMPA, FL 33602 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGER NOVARE-INTOWN TAMPA DEVELOPMENT COMPANY, LLC 100 N. TAMPA STREET, SUITE 2700 TAMPA, FL 33602 <input type="checkbox"/> Change <input checked="" 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
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.	
SIGNATURE: 	Date: 4/26/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	