

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jul 31, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000016901

1. Entity Name
URBAN INVESTMENTS 1 LLC



Principal Place of Business
4800 N. FEDERAL HIGHWAY
SUITE 209A
BOCA RATON, FL 33431

Mailing Address
4800 N. FEDERAL HIGHWAY
SUITE 209A
BOCA RATON, FL 33431



07072006 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number	Applied For
NOT APPLICABLE	Not Applicable

5. Certificate of Status Desired	<input type="checkbox"/> \$5.00 Additional Fee Required
----------------------------------	---

6. Name and Address of Current Registered Agent

URBANEK, AUGUST
4800 N. FEDERAL HIGHWAY
SUITE 209A
BOCA RATON, FL 33431

**DO NOT WRITE
IN THIS SPACE**

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 September 6, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	URBANEK, AUGUST
STREET ADDRESS	4800 N. FEDERAL HIGHWAY, SUITE 209A
CITY-ST-ZIP	BOCA RATON, FL 33431

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U000000572840
08/01/06-80001-014 50.00

**DO NOT WRITE
IN THIS SPACE**

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:

August Ubanek

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

2-7-06

Date

561 362 8800

Daytime Phone #