

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 04, 2006 8:00 am
Secretary of State

05-04-2006 90026 020 ****50.00

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DOCUMENT # L04000020974					
1. Entity Name URGENT HOME BUYER, LLC					
Principal Place of Business ONE FINANCIAL PLAZA, SUITE 1600 FORT LAUDERDALE, FL 33394			Mailing Address ONE FINANCIAL PLAZA, SUITE 1600 FORT LAUDERDALE, FL 33394		
2. Principal Place of Business 5561 North University Drive		3. Mailing Address 5561 North University Drive			
Suite, Apt. #, etc. Suite 102		Suite, Apt. #, etc. Suite 102		03022006 Chg-LLC CR2E083 (11/05)	
City & State Coral Springs FL		City & State Coral Springs FL		4. FEI Number 20-0982735	
Zip 33067		Country		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent MUCCI, MARK S ONE FINANCIAL PLAZA, SUITE 1600 BENSON, MUCCI & ASSOCIATES, LLP FORT LAUDERDALE, FL 33394			7. Name and Address of New Registered Agent Name Mark S. Mucci Street Address (P.O. Box Number is Not Acceptable) 5561 North University Drive Suite 102 City Coral Springs FL Zip Code 33067		
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 <u>Mark S. Mucci</u> (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ALLWEISS, HARRISON ONE FINANCIAL PLAZA, SUITE 1600 FORT LAUDERDALE, FL 33394	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ALLWEISS, HARRISON 5561 North University Drive, Suite 102 Coral Springs, FL 33067	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <u>HARRISON ALLWEISS</u>			Date <u>05-04-06</u> Daytime Phone # <u>954-322-7515</u>		