2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED May 04, 2006 8:00 am Secretary of State 05-04-2006 90026 020 ****50.00

| DOCUMENT # L04000020974 | | | | | | | 05-04-2006 90026 020 ****50.00 | | | | | |
|--|------------------|---------------------------------------|--|--------------|---|-----------------|--|---------------------------|--|---------------------------|---------------|--|
| 1. Entity Name URGENT HOME BUYER, LLC | | | | | | | | | | | | |
| ļ | | · | | | | | | | | | | |
| Principal Plac | e of Busines | s | Mailing Address | | | | | υυυυ | U % V & | b | | |
| ONE FINANCI FORT LAUDE | | | ONE FINANCIAL PLAZA, SUITE 1600 FORT LAUDERDALE, FL 33394 | | | | | | | | | |
| TONI BIODE | (W) (CC, I C | | | | | | 1 10 10 8 8 4 | NI REKU KIRU KOM DEMI KAM | | FUE HER ITEU OF | 1011 III 1848 | |
| 2. Principal Place of Business 5561 North University Drive 5561 North University Drive | | | | | | | <u> </u> | | | | | |
| Suite, Apt. | #, etc. | | Suite, Apt. #, etc. Suite 102 | | | 0302200 | 6 Chg-LLC | CR2E | 083 (11/05) | | | |
| City & State | | | City & State | 4. FEI Num | | | | | | plied For | | |
| Zip | Country | | Coral Springs | rv | | | 082735 ate of Status Desired | | \$5.00 Add | ot Applicable ditional | | |
| 33067 | 6. Name | and Address of Current | 33067 | | | | | nd Address of New R | | Fee Require | | |
| Name Monte C | | | | | | | S. Mucci | | | | | |
| | NCIAL PL | AZA, SUITE 1600 | | | set Address (P.Q. Box Number is Not Acceptable) Doll North University Drive | | | | | | | |
| | | ASSOCIATES, LLP E, FL: 33394 | Suite 10 | | | | | | | | | |
| | | | | | | cal Springs | | | FL | - Zip Cod | e7 | |
| | | | r the purpose of changing its | register | ed office o | registere | d agent, or l | both, in the State of Flo | rida. I am | | | |
| _ | ions of regis: | perso agent. | = | | | | | | | | | |
| SIGNATURE . | Signature, typed | or printed name of registered attents | ind title if applicable. (NOTI | E: Registere | d Agent signs | ture required w | when reinstating) | | DATE | | | |
| Filing Fee is \$50.00 | | | | | | | | | | oayable to | | |
| D | ue by Ma | y 1, 2006 | | | | | | Florida | Departn | ent of State | 8 | |
| 9. | 1100 | MANAGING MEMBE | | 10. | | T | | ADDITIONS/ | CHANGES | | | |
| NAME | MGR ALLWEIS | S, HARRISON | Delete | THU. | | MGR | * | | | ★ Change | ☐ Addition | |
| STREET ADDRESS ONE FINANCIAL PLAZA, SUITE CITY-ST-ZIP FORT LAUDERDALE, FL 33394 | | | 1600 | | et address -st-zip | ALL\ | WEISS, North | HARRISON University | Drive | s Suit | o 102 | |
| TITLE | 10,00 | 552,157,122,72 5000-7 | ☐ Delete | TITU | | 1 | | ngs,FL 3306 | | Change | Addition | |
| NAME STREET ADDRESS | | | | NAM | e Et address | | F | 6 | | | | |
| CITY-ST-ZIP | | | | | -ST-ZIP | <u> </u> | | | | | | |
| TITLE NAME | | | ☐ Delete | TITLI | | | | • | | ☐ Change | Addition | |
| STREET ADDRESS | | | | STRE | et address | ŀ | | | | | | |
| CITY-ST-ZIP | | | ☐ Detete | CITY | - ST - ZUP | | ······································ | | | ☐ Change | Addition | |
| NAME | | | . Detele | NAM | E | | | | | L Gitalige | C) vocition | |
| STREET ADORESS CITY-ST-ZIP | | | | | et address -st-zip | | | - | | | | |
| TITLE | | | ☐ Delete | TITLE | | | ···· | | · · · · · · · · · · · · · · · · · · · | ☐ Change | ☐ Addition | |
| NAME STREET ADDRESS | | | | NAM STRE | e Et address | | | | | | | |
| City-St-ZIP | | | | | -ST-ZIP | <u> </u> | | | | | | |
| ntle Name | | | ☐ Delete | TITL! Nam | | | | | • | ☐ Change | ☐ Addition | |
| STREET ADDRESS | | | | STRE | ET ADDRESS | | | | | | | |
| CITY-ST-ZIP | ertify that th | e information supplied with | this filling does not qualify for | | -SI-ZP | Ontained in | Chapter 11 | 9 Horida Stetutes 16 | ther certif | v that the infe | umation | |
| 11. I hereby certify that the information supplied with this filling 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 emprovered to execute this report as required by Chapter 608, Florida Statutes. | | | | | | | | | | | | |
| // // | | | | | | | | | | | | |
| SIGNATURE: HELISON FUNCTOR OF STORING MANAGER MANAGER OF AUTHORIZED REPRESENTATIVE Date Dayling Phone # | | | | | | | | | | | | |