

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000020974

FILED
May 11, 2007
Secretary of State

Entity Name: URGENT HOME BUYER, LLC

Current Principal Place of Business:

5561 N UNIVERSITY DR STE 102
POMPANO BEACH, FL 33067

New Principal Place of Business:

5561 N UNIVERSITY DR STE 102
CORAL SPRINGS FL, FL 33067

Current Mailing Address:

5561 N UNIVERSITY DR STE 102
POMPANO BEACH, FL 33067

New Mailing Address:

5561 N UNIVERSITY DR STE 102
CORAL SPRINGS, FL 33067

FEI Number: 20-0982735 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

MUCCI, MARK S
5561 N UNIVERSITY DR STE 102
POMPANO BEACH, FL 33067 US

Name and Address of New Registered Agent:

MUCCI, MARK S
5561 N UNIVERSITY DR STE 102
CORAL SPRINGS, FL 33067 US

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.

SIGNATURE: MARK S MUCCI

05/11/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: ALLWEISS, HARRISON
Address: 5561 N UNIVERSITY DR STE 102
City-St-Zip: POMPANO BEACH, FL 33067

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: ALLWEISS, HARRISON
Address: 5561 N UNIVERSITY DR STE 102
City-St-Zip: CORAL SPRINGS, FL 33067

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: ALLWEISS, HARRISON

MGR

05/11/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date