

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000024542

FILED
Feb 08, 2006
Secretary of State

Entity Name: URBAN CORE CONSTRUCTION, LLC

Current Principal Place of Business:

211 SW 2 STREET
STE E
FT. LAUDERDALE, FL 33301 US

New Principal Place of Business:

47 WEST WALL STREET
FROSTPROOF, FL 33843 US

Current Mailing Address:

211 SW 2 STREET
STE E
FT. LAUDERDALE, FL 33301 US

New Mailing Address:

PO BOX 14818
FT. LAUDERDALE, FL 33302 US

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

URBAN CORE DEVELOPMENT, LC
211 SW 2 STREET
STE E
FT. LAUDERDALE, FL 33301 US

Name and Address of New Registered Agent:

URBAN CORE DEVELOPMENT, LC
47 WEST WALL STREET
FROSTPROOF, FL 33843 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: AARON NEWMAN

02/08/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: URBAN CORE DEVELOPME, NT, LC
Address: 211 SW 2 STREET, STE E
City-St-Zip: FT. LAUDERDALE, FL 33301

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: NEWMAN, AARON
Address: 47 WEST WALL STREET
City-St-Zip: FROSTPROOF, FL 33843

Title: MGRM () Change (X) Addition
Name: NEWMAN, JOSEF
Address: 47 WEST WALL STREET
City-St-Zip: FROSTPROOF, FL 33843

I hereby certify that the information supplied with this filing does not qualify for the 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: AARON NEWMAN

MGRM

02/08/2006

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