

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000044822

FILED
May 02, 2007
Secretary of State

Entity Name: URBAN ORLANDO PARTNERS, LLC

Current Principal Place of Business:

2333 PONCE DE LEON BOULEVARD
SUITE 303
CORAL GABLES, FL 33134

New Principal Place of Business:

255 ALHAMBRA CIRCLE
SUITE 850
CORAL GABLES, FL 33134

Current Mailing Address:

2333 PONCE DE LEON BOULEVARD
SUITE 303
CORAL GABLES, FL 33134

New Mailing Address:

255 ALHAMBRA CIRCLE
SUITE 850
CORAL GABLES, FL 33134

FEI Number: 20-8946133 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:

HART, BRIAN A
2333 PONCE DE LEON BOULEVARD
SUITE 303
CORAL GABLES, FL 331340000 US

Name and Address of New Registered Agent:

HART, BRIAN A
255 ALHAMBRA CIRCLE
SUITE 850
CORAL GABLES, FL 331340000 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:

05/02/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: REILLY, J. KEVIN
Address: 2333 PONCE DE LEON BOULEVARD
City-St-Zip: CORAL GABLES, FL 33134

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: REILLY, J. KEVIN
Address: 255 ALHAMBRA CIRCLE, SUITE 850
City-St-Zip: CORAL GABLES, FL 33134

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: J. KEVIN REILLY

MGRM

05/02/2007

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