2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

Jul 14, 2005 8:00 am Secrétary of State 07-14-2005 90016 001 ****50.00 DOCUMENT # L04000046862 URBAN CONCEPTS & DEVELOPMENT, LLC 20063371 Principal Place of Business Mailing Address 15600 NW 7TH AVENUE 15600 NW 7TH AVENUE #201 219 MIAMI, FL 33169 #291 219 MIAMI, FL 33169 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 07072005 Chg-LLC CR2E083 (10/03) City & State City & State Applied For Not Applicable Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BASSETTE, JEANMARC 15600 NW 7TH AVENUE Street Address (P.O. Box Number is Not Acceptable) #291 219 MIAMI, FL 33169 City Zip Code 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 SIGNATURE Signature, typed or printed ne of registered agent and title if applicable required when reinstating) Filing Fee is \$50.00 Due by September 7, 2005 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. MGRM TITLE TITLE ☐ Change ☐ Addition Detete BASSETTE, JEANMARC NAME NAME 15600 NW 7TH AVENUE, #204 219 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33169 CITY-ST-ZP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME MARKE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ■ Addition TITLE Delete TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZP CITY-ST-ZIP TITLE ☐ Change ■ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ■ Addition TITLE ☐ Delete

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11. Thereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), 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.

NAME

STREET ADDRESS CITY-ST-ZP

SIGNATURE:

NAME

STREET ADDRESS