### 2008 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

DO NOT WRITE IN THIS SPACE

## **DOCUMENT # L04000076376**

URBAN REDEVELOPMENT REALTY, L.L.C.

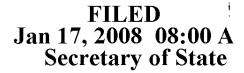


Principal Place of Business

118 WEST ADAMS STREET, SUITE 700 JACKSONVILLE, FL 32202

Mailing Address

118 WEST ADAMS STREET, SUITE 700 JACKSONVILLE, FL 32202





01102008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number		Applied For
65-1243416	Γ	Not Applicable
5. Certificate of Status Desired	\$5.00	Additional

6. Name and Address of Current Registered Agent

Signature, typed or printed name of registered agent and title if applicable

LANGTON, MICHAEL 118 WEST ADAMS STREET, SUITE 700 JACKSONVILLE, FL 32202

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	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
ĺ	the obligations of registered agent.
۱.	CNATION

(NOTF: Registered Agent signature required when reinstating)

#### FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75

9.	MANAGING MEMBERS/MANAGERS	
TITLE	MGR	
NAME	BROWN, CHRISTOPHER J	
STREET ADDRESS	118 WEST ADAMS STREET, SUITE 700	
CITY-ST-ZIP	JACKSONVILLE, FL 32202	
TITLE	MGRM	
NAME	LANGTON, MICHAEL	
STREET ADDRESS	118 WEST ADAMS STREET, SUITE 700	
CITY-ST-ZIP	JACKSONVILLE, FL 32202	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
11. I hereby certify that the information supplied with this filling does not qualify for the ex		

U00000787263 01/17/08-80075-011 138.75

DATE

## DO NOT WRITE IN THIS SPACE

I hereby certify that the information supplied with this filing 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 employered to execute this report as required by Chapter 608, Florida Statutes.

MICHAEL LANGTON SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE SIGNATURE AND TYPED OR PRINTED NAME

904.598.1368

Daytime Phone #