2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 24, 2008
Secretary of State

DOCUMENT# L05000015137

Entity Name: SHOAL CREEK PROPERTIES - POMPANO LLC

Current Principal Place of Business:

2800 PONCE DE LEON BOULEVARD
SUITE 1310
CORAL GABLES, FL 33134

New Principal Place of Business:

3550 N. MOORINGS WAY
COCONUT GROVE, FL 33133

Current Mailing Address:

2800 PONCE DE LEON BOULEVARD
SUITE 1310
CORAL GABLES, FL 33134

New Mailing Address:

3550 N. MOORINGS WAY
COCONUT GROVE, FL 33133

FEI Number: 20-2389205 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

J.W. HARRIS & COMPANY
2800 PONCE DE LEON BOULEVARD
SUITE 1310
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

J.W. HARRIS & COMPANY
3550 N. MOORINGS WAY
COCONUT GROVE, FL 33133 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: JAMES W. HARRIS 04/24/2008
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: SHOAL CREEK PROPERTI, ES - POMPANO H O LDINGS,
Address: 2800 PONCE DE LEON BLVD - SUITE 1310
City-St-Zip: CORAL GABLES, FL 33134

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: URBAN VENTURES AT PO, MPANO, LLC
Address: 3550 N. MOORINGS WAY
City-St-Zip: COCONUT GROVE, FL 33133

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: JAMES W. HARRIS MGRM 04/24/2008
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date