

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000041211

FILED
Apr 23, 2007
Secretary of State

Entity Name: URBAN DEVELOPMENT & MANAGEMENT LLC

Current Principal Place of Business:

4131 PECAN LANE
ORLANDO, FL 32812

New Principal Place of Business:

Current Mailing Address:

4131 PECAN LANE
ORLANDO, FL 32812

New Mailing Address:

FEI Number: 20-2745813

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FLORIDA INCORPORATORS, INC.
8875 HIDDEN RIVER PARKWAY
SUITE 300
TAMPA, FL 336372087 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: PANTER, RODNEY P
Address: 4131 PECAN LANE
City-St-Zip: ORLANDO, FL 32812

Title: MGRM () Delete
Name: SHAAK, JOHN C
Address: 53 SPRINGWATER CROSSING
City-St-Zip: NEWNAN, GA 30265

Title: MGRM () Delete
Name: YOUNG, JOHN L
Address: 79 EAST BROAD STREET
City-St-Zip: NEWNAN, GA 30263

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM (X) Change () Addition
Name: SHAAK, JOHN C
Address: 611 F. FICHER SPUR
City-St-Zip: NEWNAN, GA 30265

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: RODNEY P. PANTER

MGRM

04/23/2007

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