

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000041212

Entity Name: URBAN PROPERTIES, LLC

FILED  
Mar 04, 2006  
Secretary of State

## Current Principal Place of Business:

5845 N.W. 194TH STREET  
MIAMI, FL 33105

## New Principal Place of Business:

1240 N.W 68TH ST  
MIAMI, FL 33147

## Current Mailing Address:

5845 N.W. 194TH STREET  
MIAMI, FL 33105

## New Mailing Address:

1240 N.W 68TH ST  
MIAMI, FL 33147

FEI Number: 20-2776867

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

HOWARD, JOYCE  
5845 N.W. 194TH STREET  
MIAMI, FL 33105 US

## Name and Address of New Registered Agent:

HOWARD, JOYCE  
1240 N.W 68TH ST  
MIAMI, FL 33147 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: JOYCE HOWARD

03/04/2006

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete  
Name: HOWARD, JOYCE  
Address: 5845 N.W. 194TH STREET  
City-St-Zip: MIAMI, FL 33105

Title: MGR (X) Delete  
Name: WILSON, THERESA  
Address: 5845 N.W. 194TH STREET  
City-St-Zip: MIAMI, FL 33105

## ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition  
Name: HOWARD, JOYCE  
Address: 1240 N.W 68TH ST  
City-St-Zip: MIAMI, FL 33147

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: JOYCE HOWARD

MGR

03/04/2006

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