

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 23, 2007 8:00 am**  
**Secretary of State**

04-23-2007 90358 026 \*\*\*\*50.00

DOCUMENT # L06000002735

1. Entity Name  
PEEBLES URBAN, LLC



Principal Place of Business  
550 BILTMORE WAY, SUITE 970  
CORAL GABLES, FL 33313-4

Mailing Address  
550 BILTMORE WAY, SUITE 970  
CORAL GABLES, FL 33313-4

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02162007 Chg-LLC CR2E083 (12/06)

4. FEI Number  
04-3842539

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

HOFFMAN, STUART K  
C/O HUNTON & WILLIAMS, LLP  
1111 BRICKELL AVE., SUITE 2500  
MIAMI, FL 33131

7. Name and Address of New Registered Agent

Name  
MFW AGENTS, INC  
Street Address (P.O. Box Number is Not Acceptable)  
BOCA CORP CENTER, SUITE 107  
2101 CORPORATE BLVD  
City BOCA RATON FL Zip Code 33431

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 agent.

SIGNATURE Donald A. Tescher, President DATE 4/17/07  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$50.00  
Due by May 1, 2007

Make check payable to  
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

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11. 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 empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: Judith Gaskell VP, CFO DATE 4/17/07 DAYTIME PHONE # (305) 442-4342  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE