


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L06000013247 1. Entity Name URBANA PROPERTY MANAGEMENT, LLC			
Principal Place of Business 200 SOUTH BISCAYNE BLVD. SUITE 2730 MIAMI, FL 33131		Mailing Address 200 SOUTH BISCAYNE BLVD. SUITE 2730 MIAMI, FL 33131	
2. Principal Place of Business - No P.O. Box # 1395 Brickell Ave Suite, Apt. #, etc. Ste 1080 City & State Miami, FL Zip 33131		3. Mailing Address 1395 Brickell Ave Suite, Apt. #, etc. #1080 City & State Miami FL Zip 33131	
		07172007 Chg-LLC CR2E083 (12/06)	
		4. FEI Number <input checked="" type="checkbox"/> Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent ARANGO, IVETTE 200 SOUTH BISCAYNE BLVD. SUITE 2730 MIAMI, FL 33131		7. Name and Address of New Registered Agent Name <u>Arango, Ivette</u> Street Address (P.O. Box Number is Not Acceptable) 1395 Brickell Ave Ste 1080 City <u>Miami FL</u> Zip Code <u>33131</u>	
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 <u>[Signature]</u> (NOTE: Registered Agent signature required when reinstating) DATE _____			
Filing Fee is \$50.00 Due by September 14, 2007		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE	MGRM <input type="checkbox"/> Delete	TITLE	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
NAME	AREVALO, JORGE	NAME	
STREET ADDRESS	200 SOUTH BISCAYNE BLVD., SUITE 2730	STREET ADDRESS	1395 Brickell Ave #1080
CITY-ST-ZIP	MIAMI, FL 33131	CITY-ST-ZIP	Miami, FL 33131
TITLE	MGRM <input type="checkbox"/> Delete	TITLE	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
NAME	MITROPOUOOS, TAKIS	NAME	
STREET ADDRESS	200 SOUTH BISCAYNE BLVD., SUITE 2730	STREET ADDRESS	1395 Brickell Ave #108
CITY-ST-ZIP	MIAMI, FL 33131	CITY-ST-ZIP	Miami, FL 33131
TITLE	<input type="checkbox"/> Delete	TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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: <u>[Signature]</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date <u>7/10/07</u> Daytime Phone # <u>305 579-5700</u>	

FILED
07 JUL 23 PM 3: 08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

