

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000032208

FILED
Apr 22, 2008
Secretary of State

Entity Name: URBAN FLATS (MANAGEMENT), LLC

Current Principal Place of Business:

601 NORTH NEW YORK AVE
STE 201
WINTER PARK, FL 32789

New Principal Place of Business:

7232 SAND LAKE ROAD
STE 200
ORLANDO, FL 32819

Current Mailing Address:

601 NORTH NEW YORK AVE
STE 201
WINTER PARK, FL 32789

New Mailing Address:

7232 SAND LAKE ROAD
STE 200
ORLANDO, FL 32819

FEI Number: 20-4724973

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HARRISON, CHARLES R
1413 TROVILLION AVE.
WINTER PARK, FL 32789 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: MGR () Delete
Name: BONHAM, DONNA S
Address: 601 N NEW YORK AVE STE 201
City-St-Zip: WINTER PARK, FL 32789

Title: MGRM () Delete
Name: BARKETT, RUSSELL
Address: 601 N NEW YORK AVE STE 201
City-St-Zip: WINTER PARK, FL 32789

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: BONHAM, DONNA S
Address: 7232 SAND LAKE ROAD SUITE 200
City-St-Zip: ORLANDO, FL 32819

Title: MGRM (X) Change () Addition
Name: CRAWFORD, CHAD
Address: 7232 SAND LAKE ROAD SUITE 200
City-St-Zip: ORLANDO, FL 32819

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: CHAD CRAWFORD

MGRM

04/22/2008

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