

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000044083

FILED  
Apr 20, 2007  
Secretary of State

Entity Name: NEW URBAN MORTGAGE, L.L.C.

**Current Principal Place of Business:**

398 N.E. 6TH AVENUE  
DELRAY BEACH, FL 33483

**New Principal Place of Business:**

**Current Mailing Address:**

398 N.E. 6TH AVENUE  
DELRAY BEACH, FL 33483

**New Mailing Address:**

FEI Number: 51-0578563

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CORPDIRECT AGENTS, INC.  
151 EAST PARK AVENUE  
TALLAHASSEE, FL 32301 US

**Name and Address of New Registered Agent:**

CORPDIRECT AGENTS, INC.  
515 EAST PARK AVENUE  
TALLAHASSEE, FL 32301 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:

04/20/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: PRES ( ) Change (X) Addition  
Name: RICKARD, KEVIN  
Address: 1239 COCOANUT RD  
City-St-Zip: BOCA RATON, FL 33432

Title: VP ( ) Change (X) Addition  
Name: HERNANDEZ, TIMOTHY  
Address: 2820 NE 40TH STREET  
City-St-Zip: FORT LAUDERDALE, FL 33308

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: KEVIN E. RICKARD

PRES

04/20/2007

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