2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR) – DUE BY MAY 1, 2008

SIGNATURE:

Apr 30, 2008 8:00 am Secretary of State DOCUMENT # L06000086791 1. Entity Name 04-30-2008 90020 027 ***138.75 URBAN JUNGLE, LLC Principal Place of Business Mailing Address 502 EAST ROSS AVE. 502 EAST ROSS AVE. #206 #206 TAMPA FL 33602 TAMPA FL 33602 2. Principal Place of Business 3. Mailing Address Chatha Suite, Apt. #, etc 1st MOORE CR2E083 (10/07) City & State City & State Applied For 4. FEI Number 20-5553783 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent NAWROT, LEIGH A 502 EAST ROSS AVE. #206 **TAMPA FL 33602** 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. the obligations of region red agent e (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$138.75 After May 1, 2008, Fee Will Be \$538,75 Make Check Payable to Florida Department of State MANAGING MEMBERS/MANAGERS 9. ADDITIONS/CHANGES Addition TITLE MGR THILE ☐ Delete Change NAME NAWROT, LEIGH A NAME STREET ADDRESS 502 EAST ROSS AVE. #206 STREET ADDRESS CITY-ST-ZIP **TAMPA FL 33602** CITY-ST-ZiP TITLE ☐ Delete TILLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Title Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZiP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ARDRESS CITY-ST-ZIP CITY-ST-Z:P TOTLE ☐ Delete TITLE Change Addition NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZiP TiTLE Delete TIME Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZiP 11. Thereby certify that the information supplied with this filing does not quality for the exemptions contained in Section 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 eath; 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED