2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 05, 2008 8:00 am
Secretary of State
01-23-2008 90024 016 ***138.75

30005739

01142008 Chg-LLC CR2E083 (12/06)

DOCUMENT # L07000057719

1. Entity Name
URBAN REALTY PARTNERS, LLC

Principal Place of Business	Mailing Address
222 LAKEVIEW AVENUE SUITE 500 WEST PALM BEACH, FL 33401	222 LAKEVIEW AVENUE SUITE 500 WEST PALM BEACH, FL 33401

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
70 SE 4th Avenue		70 SE 4th Avenue	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: Delray Beach, FL		City & State: Delray Beach, FL	
Zip: 33483	Country: USA	Zip: 33483	Country: USA

4. FEI Number: 26-2437956 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
~~SULLIVAN, ROBERT J~~ 222 LAKEVIEW AVENUE SUITE 500 WEST PALM BEACH, FL 33401 Change address 70 SE 4th Avenue Delray Beach, FL 33483	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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 ______________________ DATE
Signature, typed or printed name of registered agent and title if applicable. (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

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SULLIVAN, ROBERT J 222 LAKEVIEW AVENUE, SUITE 500 WEST PALM BEACH, FL 33401	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SULLIVAN, ROBERT J. 70 SE 4th Avenue Delray Beach, FL 33483	☑ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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: Robert J. Sullivan Robert J. Sullivan 12.31.07 561.659.9771
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #