

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000057939

FILED
Jan 23, 2008
Secretary of State

Entity Name: URBAN PARTNERS CONSTRUCTION, LLC

Current Principal Place of Business:

320 NORTH 1ST STREET
STE 608
JACKSONVILLE, FL 32250

New Principal Place of Business:

Current Mailing Address:

320 NORTH 1ST STREET
STE 608
JACKSONVILLE, FL 32250

New Mailing Address:

FEI Number: 26-0280159

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GONZALEZ, EDMUNDO E
320 NORTH 1ST STREET
STE 608
JACKSONVILLE, FL 32250 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: MGRM () Delete
Name: UPG HOLDINGS, INC.,
Address: 320 NORTH 1ST STREET
City-St-Zip: JACKSONVILLE, FL 32250

Title: MGRM () Delete
Name: UPG INVESTMENTS, INC.,
Address: 320 NORTH 1ST STREET
City-St-Zip: JACKSONVILLE, FL 32250

Title: MGRM () Delete
Name: UPG CONSTRUCTION, IN, C.
Address: 320 NORTH 1ST STREET
City-St-Zip: JACKSONVILLE, FL 32250

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: EDMUNDO E GONZALEZ

MGRM

01/23/2008

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