


File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

99 APR 26 AM 10:21

LIMITED LIABILITY COMPANY ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
FILING FEE \$ 188.75		Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee	
Make Check Payable To: FLORIDA DEPARTMENT OF STATE			

1. Name and Mailing Address of Limited Liability Company		DOCUMENT # 198000003265
URBANHAUS, LC 8804 TESSARA LANE 9208 ESTATE COVE CIRCLE TAMPA FL 33647 RIVERVIEW, FL 33569		

1a. Principal Place of Business Address
9208 ESTATE COVE CIRCLE 8804 TESSARA LANE TAMPA FL 33647 RIVERVIEW, FL 33

2. Principal Place of Business		2a. Mailing Address	
9208 ESTATE COVE CIRCLE		SAME AS BUSINESS ADDRESS	
Suite, Apt. #, etc.		City & State	
RIVERVIEW, FL		RIVERVIEW, FL	
Zip	Country	Zip	Country
33569			

3. Date Organized or Qualified	3a. State of Formation
12/18/1998	FL
4. FEI Number	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
59-3547363	
5. Date of Last Report	6. Certificate of Status Desired
	\$8.75 Additional Fee Required <input type="checkbox"/>

7. Name and Address of Current Registered Agent	
RIVERO, MANUEL 8804 TESSARA LANE 9208 ESTATE COVE CIRCLE TAMPA FL 33647 33569 RIVERVIEW, FL	


8. Name and Address of New Registered Agent/Office	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
Suite, Apt. #, etc.	
City	Zip Code
FL	33569

9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.

SIGNATURE _____ DATE _____
(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when making change)

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGRM	RIVERO, MANUEL	8804 TESSARA LANE	TAMPA FL
			800002858278-3 04/30/99 - 01075 - 001 ****188.75 ****188.75

11. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3) (i), Florida Statutes. I further certify that the information indicated on this annual 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; and that my name appears in Block 10, or on an attachment with an address.

SIGNATURE:  4/20/99 (813) 663-0633