


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 07, 2008 08:00 AM
Secretary of State

DOCUMENT # L99000001701 1. Entity Name URBAN RESOURCES MANAGEMENT, LLC	
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Principal Place of Business 3410 GALT OCEAN DRIVE, #1210 FORT LAUDERDALE, FL 33308	Mailing Address 3410 GALT OCEAN DRIVE, #1210 FORT LAUDERDALE, FL 33308
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DO NOT WRITE IN THIS SPACE



03032008No Chg-LLC

CR2E083 (12/07)

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent HOFFMAN, WILLIAM ESQ. 999 BRICKELL AVENUE, SUITE 650 MIAMI, FL 33131

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

000000882201
04/16/08-80031-014 138.75

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP VALLEJO, ANTONIO J 3410 GALT OCEAN DR. #1210 FT LAUDERDALE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DIAZ, SAUL 3410 GALT OCEAN DRIVE, #1210 FORT LAUDERDALE, FL 33308
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LONDONO, MANUEL G 3410 GALT OCEAN DRIVE, #1210 FORT LAUDERDALE, FL 33308
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

4/3/08

Date

(305) 9650031

Daytime Phone #