

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L99000008383

FILED
Jan 11, 2008
Secretary of State

Entity Name: URISH POPECK BASS, LLC

Current Principal Place of Business:

1020 8TH AVENUE SOUTH
SUITE 1
NAPLES, FL 34102

New Principal Place of Business:

8955 FONTANA DEL SOL WAY
NAPLES, FL 34109

Current Mailing Address:

1020 8TH AVENUE SOUTH
SUITE 1
NAPLES, FL 34102

New Mailing Address:

8955 FONTANA DEL SOL WAY
NAPLES, FL 34109

FEI Number: 65-0968051

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BASS, TERRI L
1020 8TH AVENUE SOUTH
NAPLES, FL 34102 US

Name and Address of New Registered Agent:

BASS, TERRI L
8955 FONTANA DEL SOL WAY
NAPLES, FL 34109 US

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:

01/11/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: TERRI, BASS L
Address: 1020 8TH AVENUE SOUTH, SUITE 1
City-St-Zip: NAPLES, FL 34102

Title: MGRM () Delete
Name: URISH POPECK & CO., L.L.C.
Address: THREE GATEWAY CENTER
City-St-Zip: PITTSBURGH, PA 152221015

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: TERRI, BASS L
Address: 8955 FONTANA DEL SOL WAY
City-St-Zip: NAPLES, FL 34109

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: TERRI L. BASS

MGR

01/11/2008

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