## **2005 LIMITED LIABILITY COMPANY ANNUAL REPORT**

## Mar 15, 2005 08:00 AM Secretary of State DOCUMENT # M03000001739 1. Entity Name URBANA REALTY ADVISORS, LLC Principal Place of Business \_\_\_\_ Mailing Address 1420 PEACHTREE STREET, N.E. 1420 PEACHTREE STREET, N.E. **STE 100** STE 100 ATLANTA, GA 30309 ATLANTA, GA 30309 03092005 No Chg-LLC CR2E083 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 26-0041599 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY DO NOT WRITE 1201 HAYS STREET TALLAHASSEE, FL 32301-2525 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE, Registered Agent signature required when reinstating) Filing Fee is \$50.00 Due by May 1, 2005 MANAGING MEMBERS/MANAGERS 9. MGRM TITLE ALLIANCE PARTNERS, INC. STREET ADDRESS 1420 PEACHTREE ST NE #100 CITY-ST-ZIP ATLANTA, GA 30309 000000264004 03/15/05-80013-004 55.00 TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP

I 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 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 trust improved to expect this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

NAME STREET ADDRESS CITY-ST-ZIP

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

**FILED**