

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar 05, 2008 8:00 am**  
**Secretary of State**

03-05-2008 90206 027 \*\*\*138.75

**DOCUMENT # M03000004298**

1. Entity Name  
URBAN INVESTMENTS ADVISORS, LLC



Principal Place of Business  
ATTN: ROBERT S. WENNETT  
1111 LINCOLN ROAD, SUITE 760  
MIAMI BEACH, FL 33139

Mailing Address  
ATTN: ROBERT S. WENNETT  
1111 LINCOLN ROAD, SUITE 760  
MIAMI BEACH, FL 33139

**60012605**



02062008 No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
52-2360902

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
MGR  
WELLSPRING INVESTMENTS MANAGEMENT I, LLC  
1320 19TH STREET, NW, SUITE 800  
WASHINGTON, DC 20036

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE  
NAME  
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TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
Urban Investments Advisors,  
LLC, by Wellspring Investments  
Management I, LLC, its  
Managing Member

**DO NOT WRITE  
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

Date

Daytime Phone #

Robert Wennett  
Managing Member 2/11/08 305-538-9320