



2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2007 08:00 AM
Secretary of State

DOCUMENT # M04000002412 1. Entity Name FLORIDA ACQUISITIONS 1, LLC	
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Principal Place of Business C/O UIA MANAGEMENT, LLC 111 LINCOLN ROAD, SUITE 760 MIAMI BEACH, FL 33139	Mailing Address C/O UIA MANAGEMENT, LLC 111 LINCOLN ROAD, SUITE 760 MIAMI BEACH, FL 33139
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DO NOT WRITE IN THIS SPACE

	
04092007 No Chg-LLC	CR2E083 (11/05)
4. FEI Number 71-0968941	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 CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525
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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 _____ DATE _____
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, 2007

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR URBAN INVESTMENTS II, LLC 1320 19TH STREET, N.W., SUITE 800 WASHINGTON, DC 20036
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Florida Acquisitions 1, LLC by its sole member, Urban Investments II, LLC, by its
TITLE NAME STREET ADDRESS CITY-ST-ZIP	managing member, Urban Investments Advisors, LLC, by its managing member, Wellspring Investments Management I, LLC

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 05/15/07-80136-012 50.00

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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: By: [Signature] *Managing Member* Date _____ Daytime Phone # _____

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