


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

APPROVED
AND
FILED

06 JUL 19 AM 9:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PSB

DOCUMENT # M05000001377		
1. Entity Name MBEACH2 GP, LLC		

Principal Place of Business 220 MIRACLE MILE, SUITE 238 CORAL GABLES, FL 33134	Mailing Address 220 MIRACLE MILE, SUITE 238 CORAL GABLES, FL 33134
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2. Principal Place of Business 1111 Lincoln Road Suite, Apt. #, etc. Suite 760 City & State Miami Beach, FL Zip 33139 Country USA	3. Mailing Address c/o UIA management, 1111 Lincoln Rd Suite, Apt. #, etc. Suite 760 City & State Miami Beach, FL Zip 33139 Country USA
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07182006 Chg-LLC CR2E083 (11/05)

4. FEI Number	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" 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	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$50.00 Due by September 6, 2006	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM URBAN INVESTMENTS ADVISORS, LLC 220 MIRACLE MILE, SUITE 238 CORAL GABLES, FL 33134 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	c/o UIA management 1111 Lincoln Road, Suite 760 Miami Beach, FL 33139 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	000077823450 07/21/06--01012--016 **\$50.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	000077823450 07/21/06--01012--017 **\$5.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MBEACH2 GP, LLC, (general partner of MBEACH2, LLLP), MBEACH2 GP, LLC, its Member, By: Wellspring Investments Management I, LLC, its Managing Member <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Robert Wenneth* Date: 7/18/06 Daytime Phone #: 305-538-9320