


**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 23, 2004 8:00 am
Secretary of State

04-23-2004 90015 019 ****50.00

DOCUMENT # L98000001404					
1. Entity Name YBOR OPERATIONS, L.C.					
Principal Place of Business 3819 E 7TH ST. TAMPA, FL 33605			Mailing Address 3819 E 7TH ST. TAMPA, FL 33605		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-3529715	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
GUTTA, FRANK 8211 W. BROWARD BLVD SUITE 350 PLANTATION, FL 33324				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL	Zip Code
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$50.00 Due by May 1, 2004			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGRM	<input type="checkbox"/> Delete	TITLE	Dantzer, Joe <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BLANKE, JOHN		NAME	1340 Takamania Lane	
STREET ADDRESS	5321 TAYLOR STREET		STREET ADDRESS	Port Orange, FL 32128	
CITY-ST-ZIP	HOLLYWOOD, FL 33021		CITY-ST-ZIP		
TITLE	MGRM	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BEASLEY, WILLIAM M		NAME		
STREET ADDRESS	5321 TAYLOR STREET		STREET ADDRESS		
CITY-ST-ZIP	HOLLYWOOD, FL 33021		CITY-ST-ZIP		
TITLE	MGRM	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DANTZER, JOE		NAME		
STREET ADDRESS	351 SOUTH ATLANTIC AVE., #1703		STREET ADDRESS		
CITY-ST-ZIP	DAYTONA BEACH SHORES, FL 32118		CITY-ST-ZIP		
TITLE	MGRM	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GARFINKEL, SHIRLEY		NAME		
STREET ADDRESS	235 HIDDEN TRAIL		STREET ADDRESS		
CITY-ST-ZIP	TORONTO, ONTARIO, CANADA, M2R 3T3		CITY-ST-ZIP		
TITLE	MGRM	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KRAEMER, HELMUT J		NAME		
STREET ADDRESS	3151 ARBOUR LANE		STREET ADDRESS		
CITY-ST-ZIP	HOLLYWOOD, FL 33021		CITY-ST-ZIP		
TITLE	MGRM	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SCHWARTZ, JENNIFER		NAME		
STREET ADDRESS	4211 SPRING WAY CIRCLE		STREET ADDRESS		
CITY-ST-ZIP	VALRICO, FL 33594		CITY-ST-ZIP		
11. 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 trustee empowered to execute this report as required by Chapter 608, Florida Statutes.					
SIGNATURE: <i>Jennifer A. Schwartz</i>			Date: 4/20/04 954-452-8813		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date Daytime Phone #		