

**2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 29, 2003 8:00 am
Secretary of State

01-29-2003 90052 047 ****50.00

DOCUMENT # L98000001404



1. Entity Name
YBOR OPERATIONS, L.C.

Principal Place of Business Mailing Address
**3819 E 7TH ST.
TAMPA FL 33605** **3819 E 7TH ST.
TAMPA FL 33605**

40019653



CHECK HERE IF MAKING CHANGES

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** Applied For
Not Applicable
5. Certificate of Status Desired **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent
~~DOLAN, MARK A~~ **GUTHA, FRANK**
~~442 EAST STREET, SUITE B~~ **8211 W Broward Blvd**
TAMPA FL 33602 **# 350**
Plantation, FL 33324

7. Name and Address of New Registered Agent
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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS / MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BLANKE, JOHN <input type="checkbox"/> Delete 5321 TAYLOR STREET HOLLYWOOD FL 33021
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BEASLEY, WILLIAM M <input type="checkbox"/> Delete 5321 TAYLOR STREET HOLLYWOOD FL 33021
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DANTZER, JOE <input type="checkbox"/> Delete 351 SOUTH ATLANTIC AVE., #1703 DAYTONA BEACH SHORES FL 32118
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GARFINKEL, SHIRLEY <input type="checkbox"/> Delete 235 HIDDEN TRAIL TORONTO, ONTARIO, CANADA M2R -3T3
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KRAEMER, HELMUT J <input type="checkbox"/> Delete 3151 ARBOUR LANE HOLLYWOOD FL 33021
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SCHWARTZ, JENNIFER <input type="checkbox"/> Delete 4211 SPRING WAY CIRCLE VALRICO FL 33594

10. ADDITIONS / CHANGES	
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition

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: Jennifer A Schwartz **RECORDED** **1/24/03** **954-452-8813**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (10/02)