

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000020397

Entity Name: YBOR HOLDINGS, LLC

FILED
May 02, 2005
Secretary of State

Current Principal Place of Business:

412 EAST MADISON
SUITE 1000
TAMPA, FL 33602 US

New Principal Place of Business:

Current Mailing Address:

412 EAST MADISON
SUITE 1000
TAMPA, FL 33602 US

New Mailing Address:

P O BOX 48668
ST PETERSBURG, FL 33743 US

FEI Number: 04-3610066 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

DOLAN, MARK R
412 EAST MADISON
SUITE 1000
TAMPA, FL 33602 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: MARSHLACK, DAVID G
Address: 412 E MADISON ST SUITE 1000
City-St-Zip: TAMPA, FL 33602

Title: MGRM () Delete
Name: HAMMIL, BRUCE
Address: 412 E MADISON ST SUITE 1000
City-St-Zip: TAMPA, FL 33602

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: MARSHLACK, DAVID G
Address: 412 E MADISON STREET SUITE 1000
City-St-Zip: TAMPA, FL 33602

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: DAVID G MARSHLACK

MGRM

05/02/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date