

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 11, 2007 8:00 am
Secretary of State

01-11-2007 90129 029 ****55.00

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1. Entity Name
YBOR ENGINEERING, LLC

Principal Place of Business
**8011 LAND O' LAKES BLVD.
 LAND O' LAKES, FL 34639**

Mailing Address
**8011 LAND O' LAKES BLVD.
 LAND O' LAKES, FL 34639**

20000696



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

01092007 Chg-LLC CR2E083 (12/06)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number
56-2361716

Applied For
 Not Applicable

City & State

City & State

5. Certificate of Status Desired **\$5.00 Additional Fee Required**

Zip Country

Zip Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MARQUARDT, J. MATTHEW
 625 COURT STREET, SUITE 200
 CLEARWATER, FL 33756**

Name
KEVIN BOHNE

Street Address (P.O. Box Number is Not Acceptable)
8011 LAND O' LAKES BLVD.

City **LAND O' LAKES** FL Zip Code **34638**

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 **KEVIN BOHNE, PRESIDENT**

JANUARY 9, 2007

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
 Due by May 1, 2007**

**Make check payable to
 Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
MGRM	BOHNE, KEVIN	8011 LAND O' LAKES BLVD.	LAND O' LAKES, FL 34639	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: **KEVIN BOHNE, PRESIDENT** **JANUARY 9, 2007** (813) 996-0019

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #