


FILED
Feb 19, 2004 08:00 AM
Secretary of State

DOCUMENT # L02000030094

1. Entity Name
CITIOFTS OR YBOR, L.L.C.



Principal Place of Business
1313 GRAY STREET
TAMPA FL 33606

Mailing Address
1313 GRAY STREET
TAMPA FL 33606

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

4. FEI Number
45-0492503

Applied For
Not Applicable

5. Certificate of Status Desired

MOORE CR2E083 (11/03)

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
COHEN, HARRY
1313 GRAY STREET
TAMPA FL 33606

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 reissuing)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2004

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

MGRM
COHEN, HARRY
1313 GRAY STREET
TAMPA FL 33606

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

MGRM
COHEN, HALEY
1313 GRAY STREET
TAMPA FL 33606

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NAME
STREET ADDRESS
CITY - ST - ZIP

MGRM
CHRISTEN, MARISSA
1313 GRAY STREET
TAMPA FL 33606

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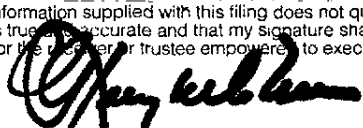
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true, accurate and that my signature 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 partner or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

HARRY COHEN

2-7-04 813-254-8888