2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 13, 2007 08:00 AM
Secretary of State

DOCUMENT # L04000048229

1. Entity Name
1930 YBOR CITY, LLC

Principal Place of Business	Mailing Address
6960 NORTHWEST 3RD AVENUE BOCA RATON, FL 33487	6960 NORTHWEST 3RD AVENUE BOCA RATON, FL 33487

04052007 No Chg-LLC CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
34-2002836
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

JOHNSON & AHSELMO
2455 EAST SUNRISE
SUITE 1000
FORT LAUDERDALE, FL 33-3014

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

Filing Fee is $50.00
Due by May 1, 2007

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	TSIALIAMANIS, PETER
STREET ADDRESS	6960 NORTHWEST 3RD AVENUE
CITY-ST-ZIP	BOCA RATON, FL 33487
TITLE	MGR
NAME	TSIALIAMANIS, KALLIOPE
STREET ADDRESS	6960 NORTHWEST 3RD AVENUE
CITY-ST-ZIP	BOCA RATON, FL 33487
TITLE	S
NAME	TSIALIAMANIS, PETER
STREET ADDRESS	6960 NORTHWEST 3RD AVENUE
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TITLE	T
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/24/07-80033-011 50.00

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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: Pete Tsialiamanis 4-10-07 954-448-1500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #