2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000048229

1. Entity Name 1930 YBOR CITY, LLC



FILED Mar 31, 2008 08:00 A Secretary of State

Principal Place of Business

Mailing Address

6960 NORTHWEST 3RD AVENUE BOCA RATON, FL 33487 6960 NORTHWEST 3RD AVENUE BOCA RATON, FL 33487



03202008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number Applied For Not Applicable

5. Certificate of Status Desired Status Desired Fee Regulized

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

JOHNSON & AHSELMO 2455 EAST SUNRISE SUITE 1000

SUITE 1000 FORT LAUDERDALE, FL 33-3014 DO NOT WRITE IN THIS SPACE

The above named entity submits this statement for the purpose of changing its r	egistered 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)

Hacanaar

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 04/11/08-80001-002 138.75

9.	MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR TSIALIAMANIS, PETER 6960 NORTHWEST 3RD AVENUE BOCA RATON, FL 33487	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR TSIALIAMANIS, KALLIOPE 6960 NORTHWEST 3RD AVENUE BOCA RATON, FL 33487	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	T TSIALIAMANIS, KALLIOPE 6960 NORTHWEST 3RD AVENUE BOCA RATON, FL 33487	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	,	
11. I hereby certify that the information supplied with this filling does not qualify for the ex-		

DO NOT WRITE IN THIS SPACE

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: Peter Bell

AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

3/25/08

954.922.2256

Daytime Phone ii