

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 04, 2005 8:00 am
Secretary of State

04-04-2005 90432 039 ****50.00

DOCUMENT # L98000001404 1. Entity Name YBOR OPERATIONS, L.C.					
Principal Place of Business 3819 E 7TH ST. TAMPA, FL 33605			Mailing Address 3819 E 7TH ST. TAMPA, FL 33605		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip		Zip			
Country		Country			
03282005 Chg-LLC CR2E083 (10/03)				4. FEI Number 59-3529715	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent GUTTA, FRANK 8211 W. BROWARD BLVD SUITE 350 PLANTATION, FL 33324			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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DANTZER, JOE 1840 TORA MARIE LANE PORT ORANGE, FL 32128 <i>Keep</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Blanke, John 5130 Monroe St Hollywood, FL 33021 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BEASLEY, WILLIAM M 5321 TAYLOR STREET HOLLYWOOD, FL 33021	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Stewart Lassner 505 Tremont Street Apt #903 Boston, MA 02116 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DANTZER, JOE 351 SOUTH ATLANTIC AVE., #1703 DAYTONA BEACH SHORES, FL 32118 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GARFINKEL, SHIRLEY 235 HIDDEN TRAIL TORONTO, ONTARIO, CANADA, M2R 3T3	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KRAEMER, HELMUT J 3151 ARBOUR LANE HOLLYWOOD, FL 33021	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SCHWARTZ, JENNIFER 4211 SPRING WAY CIRCLE VALRICO, FL 33594	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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 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 <i>Jennifer Schwartz</i> 3-30-05 954-452-8803 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					