


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 07, 2008 08:00 AM
Secretary of State

DOCUMENT # L05000102734
 1. Entity Name
 AUTOMATED SELF STORAGE SYSTEMS, LLC



Principal Place of Business
 101 PUGLIESE'S WAY
 DELRAY BEACH, FL 33444

Mailing Address
 101 PUGLIESE'S WAY
 DELRAY BEACH, FL 33444

DO NOT WRITE IN THIS SPACE



02082008 No Chg-LLC CR2E083 (12/07)

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

REAMER, JOSEPH
 101 PUGLIESE'S WAY
 DELRAY BEACH, FL, FL 33444

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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: _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PUGLIESE, ANTHONY V III 101 PUGLIESE'S WAY DELRAY BEACH, FL 33444
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 03/24/08-80004-006 138.75

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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: *Anthony V. Pugliese III* 2/11/08 561-434-1664
 SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING MANAGING MEMBER OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #