

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 17, 2004 08:00 AM
Secretary of State

DOCUMENT # L99000005342

1. Entity Name
U-STOR RIDGE ROAD, LLC



Principal Place of Business
7215 RIDGE RD
PORT RICHEY, FL 34668

Mailing Address
3060 ALTERNATE 19 N.
PALM HARBOR, FL 34683



01162004No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3594041

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

BORK, JOHN
2712 POWELL LANE
TARPON SPRINGS, FL 34689

**DO NOT WRITE
IN THIS SPACE**

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 reinstating)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2004**

U00000090832
03/17/04-80037-011 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM
NAME BORK, JOHN
STREET ADDRESS 2712 POWELL LANE
CITY - ST - ZIP TARPON SPRINGS, FL 34689

TITLE MGRM
NAME BORK, JANICE
STREET ADDRESS 2712 POWELL LANE
CITY - ST - ZIP TARPON SPRINGS, FL 34689

TITLE MGRM
NAME DENUNZIO, PETER V
STREET ADDRESS 3001 LEPRECHAUN LANE
CITY - ST - ZIP PALM HARBOR, FL 34683

TITLE MGRM
NAME DENUNZIO, CYNTHIA L
STREET ADDRESS 3001 LEPRECHAUN LANE
CITY - ST - ZIP PALM HARBOR, FL 34683

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(g), 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:

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

JOHN BORK, OWNER

3-10-04

Date

737-781-4800

Daytime Phone #