2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 16, 2004 8:00 am
Secretary of State
04-16-2004 90418 047 ****50.00

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1. Entity Name
ASAP STORAGE OF LEHIGH ACRES, FL, L.C.

24044504

Principal Place of Business	Mailing Address
2033 MAIN STREET, SUITE 600 SARAOTA, FL 34237	2033 MAIN STREET, SUITE 600 SARAOTA, FL 34237

03252004 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business	3. Mailing Address
3021 Lee Blvd	PO Box 1753
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Lehigh Acres, FL	City & State: Lawrence, FL
Zip: 33971 Country: USA	Zip: 66044 Country: USA

4. FEI Number: 20-0093363 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

PFLUGNER, J. GEOFFREY
2033 MAIN STREET, SUITE 600
SARAOTA, FL 34237

7. Name and Address of New Registered Agent

Name: J. E. Santamaria
Street Address (P.O. Box Number is Not Acceptable): 1700 Ben Franklin 12D
City: Sarasota FL Zip Code: 34236

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: _____ 3/29/04
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

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Managing Member J. E. Santamaria PO Box 1753 Lawrence, KS 66044	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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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: _____ 3/29/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #