

2004 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT # M03000003981

1. Entity Name
LAKE OSBORNE SELF STORAGE, LLC



Principal Place of Business
% WOODBURN AND WEDGE
6100 NEIL ROAD, SUITE 500
RENO, NV 89511-1149

Mailing Address
% WOODBURN AND WEDGE
6100 NEIL ROAD, SUITE 500
RENO, NV 89511-1149

FILED

2004 JUN 11 P 3:24



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04052004 Chg-LLC CR2E083 (10/03)

4. FEI Number
20-0383659

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WEBB, RICHARD S
~~TWO TAMiami TRAIL, SUITE 500~~
SARASOTA, FL 34236

Name Webb, Richard S IVESQ

Street Address (P.O. Box Number is Not Acceptable)

2033 Main Street Suite 600

City Sarasota

FL

Zip Code 34237

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)

4/6/04

DATE

Amended AR is \$50.00

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGR
NAME WILLIAMS, DALE A ☐ Delete
STREET ADDRESS % WOODBURN AND WEDGE, 6100 NEIL ROAD #500
CITY-ST-ZIP RENO, NV 895111149

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP 000038020630

TITLE MGR
NAME BRENNING, LORI ☐ Delete
STREET ADDRESS % WOODBURN AND WEDGE, 6100 NEIL ROAD #500
CITY-ST-ZIP RENO, NV 895111149

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP 06/16/04--01058--003 ☐ Change ☐ Addition

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Lori Brenning, Lori Brenning, Manager

4/6/04

916/989-2800

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

Date

Daytime Phone #