


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 22, 2005 8:00 am
Secretary of State

03-22-2005 90183 018 ****50.00

DOCUMENT # L03000011031	
1. Entity Name ASAP STORAGE OF LEHIGH ACRES, FL, L.C.	

Principal Place of Business 3021 LEE BLVD LEHIGH ACRES, FL 33971	Mailing Address P.O. BOX 1753 LAWRENCE, KS 66044
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20023683



01102005 No Chg-LLC CR2E083 (10/03)

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4. FEI Number 20-0093363	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

SANTANLARIA, J.E.
 1700 BEN FRANKLIN RD # 12 D
 SARASOTA, FL 34236

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00
 Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM SANTANLARIA, J.E. P.O. BOX 1753 LAWRENCE, KS 66044
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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: J.E. SANTANLARIA **3/16/05** **(785) 749-0000**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #