
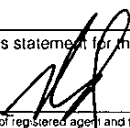
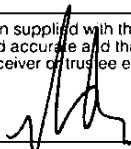


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 27, 2006 8:00 am
Secretary of State

02-27-2006 90416 045 ****50.00

| | | | |
|--|---------------------------------|---|--|
| DOCUMENT # L05000058404 | |  | |
| 1. Entity Name ASAP STORAGE ON INDIAN PAINT LANE LLC | | | |
| Principal Place of Business 2033 MAIN STREET SUITE 600 SARASOTA, FL 34237 | | Mailing Address 2033 MAIN STREET SUITE 600 SARASOTA, FL 34237 | |
| 2. Principal Place of Business 13701 Indian Paint Suite, Apt. #, etc. | | 3. Mailing Address PO Box 1753 Suite, Apt. #, etc. | |
| City & State Fort Myers, FL | | City & State Lawrence KS | |
| Zip 33912 | | Zip 66044 | |
| Country USA | | Country USA | |
| 4. FEI Number 20-2989105 | | Applied For Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required | | 02062006 Chg-LLC CR2E083 (11/05) | |
| 6. Name and Address of Current Registered Agent PFLUGNER, J GEOFFREY 2033 MAIN STREET SUITE 600 SARASOTA, FL 34237 | | 7. Name and Address of New Registered Agent Name: J.E. Santaularia Street Address (P.O. Box Number is Not Acceptable): 1700 Ben Franklin Dr 12-D 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:  | | DATE: 02/17/06 | |
| Filing Fee is \$50.00 Due by May 1, 2006 | | Make check payable to Florida Department of State | |
| 9. MANAGING MEMBERS/MANAGERS | | 10. ADDITIONS/CHANGES | |
| TITLE: MGR NAME: JESSANTA, LLC STREET ADDRESS: 2033 MAIN STREET, SUITE 600 CITY-ST-ZIP: SARASOTA, FL 34237 | <input type="checkbox"/> Delete | TITLE: MGR NAME: J.E. Santaularia STREET ADDRESS: 1700 Ben Franklin Dr. 12-D CITY-ST-ZIP: Sarasota, FL 34236 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____ | <input type="checkbox"/> Delete | TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____ | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____ | <input type="checkbox"/> Delete | TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____ | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____ | <input type="checkbox"/> Delete | TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____ | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____ | <input type="checkbox"/> Delete | TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____ | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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:  | | DATE: 02/17/06 (785) 749-0000 | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE | | Date Daytime Phone # | |

20010456

