

# **2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000054988

**FILED**  
**Jan 26, 2007**  
**Secretary of State**

**Entity Name:** ASAP STORAGE ON CORKSCREW, LC

**Current Principal Place of Business:**

2033 MAIN STREET  
SUITE 600  
SARASOTA, FL 34237 US

**Current Mailing Address:**

P.O. 1753  
LAWRENCE, KS 66044

**New Principal Place of Business:**

8470 ENTERPRISE CIRCLE  
SUITE 201  
BRADENTON, FL 34202 US

**New Mailing Address:**

1628 PRESTWICK DRIVE  
LAWRENCE, KS 66047

**FEI Number:**                      **FEI Number Applied For ( )**                      **FEI Number Not Applicable (X)**                      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

PFLUGNER, J. GEOFFREY  
8470 ENTERPRISE CIRCLE  
SUITE 201  
BRADENTON, FL 34202 US

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.

SIGNATURE: J GEOFFREY PFLUGNER

01/26/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: SANTAULARIA, J E  
Address: P O BOX 1753  
City-St-Zip: LAWRENCE, KS 66044

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: JESSANTA, LLC,  
Address: 1628 PRESTWICK DRIVE  
City-St-Zip: LAWRENCE, KS 66047

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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 SANTAULARIA

MGR

01/26/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date