


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 25, 2008 8:00 am
Secretary of State

04-25-2008 90081 001 ***277.50

DOCUMENT # L06000054988			
1. Entity Name ASAP STORAGE ON CORKSCREW, LC			
Principal Place of Business 8470 ENTERPRISE CIRCLE SUITE 201 BRADENTON, FL 34202 US		Mailing Address 1628 PRESTWICK DRIVE LAWRENCE, KS 66047	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address PO Box 1753	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State Lawrence, KS	
Zip	Country	Zip 66044	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
PFLUGNER, J. GEOFFREY 8470 ENTERPRISE CIRCLE SUITE 201 BRADENTON, FL 34202		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL Zip Code	
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 80% if applicable.		(NOTE: Registered Agent signature required when reinstating)	
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR JESSANTA, LLC 1628 PRESTWICK DRIVE LAWRENCE, KS 66047 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4500 Bob Billings Pkwy Ste 100 Lawrence, KS. 66049
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
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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:		J.E. Santaularia 3/31/08 (785)749-0000	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	

