2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000010044

1. Entity Name

| ADOM F | CODCOT | MAININ CTODAGE | 110 |
|--------|--------|----------------|------|
| ANUILL | CODEST | MINI-STORAGE. | H.G. |

| | | ν | ' | GOO WE THE | 1 | | | |
|-------------------------------|--|-------------------------------|-------------------|---|--|-------------|-----------------|------------|
| Principal Plac | e of Business | Mailing Address | | | 1 | | | |
| IS15 PABLO OAKS COURT | | 4315 PABLO OAKS COURT | | | * * | | | |
| SUITE 1 | | SUITE 1 | | | J | | | |
| ACKSONVILLE FL 32224-9667 | | JACKSONVILLE FL 32224-9667 | | 4 18311BH 811 BRIST HAN SAMI SAMI BELLI BELLI | 818) (3 8 1) | Skul Sku si | 411 E1E1 (\$4) | |
| | | | | | | | 88 T8 T | |
| 2. Principal P | Place of Business | 3. Mailing Address | | | | | AANN DENN DI | |
| Suite, Apt. | # ote | Suite, Apt. #, etc. | | | ⊣ | | | |
| Suite, Apt. | #, etc. | Suite, Apt. #, etc. | | | CHECK HERE IF MA | KING C | HANGES | |
| City & State | | City & State | | 4. FEI Number *APPLIED FOR | | TAI | oplied For | |
| | | | | 75-3073628 | | | ot Applicable | |
| Zip | Country | Zip | Country | | | \$ | 5.00 Add | ditional |
| | 1 | } | | | 5. Certificate of Status Desired | | e Require | |
| | 6. Name and Address of Current Re | gistered Agent | | | 7. Name and Address of New Registe | ered Ag | ent | |
| DEA | DEN MIGHAELE | | N | ame | | | | Į |
| | REN, MICHAEL E | | S | treet Address | (P.O. Box Number is Not Acceptable) | | | |
| SUN | PABLO OAKS COURT | | L | | (7.0. Dox starting to 110) state of the control of | | | |
| | KSONVILLE FL 32224 | | . [| | | | | |
| UMO | NSONVILLE PL 32224 | | | ity | _ | | Zip Cod | |
| _ ` _ & | | | | ıty | | FL | ZID C00 | a. |
| | | ne purpose of changing its re | gistered of | ffice or registe | ered agent, or both, in the State of Florida. | l am far | niliar with, | and accept |
| the obligat | ions of registered agent. | | | | | | | İ |
| SIGNATURE . | | | | | | | | (|
| | Signature, typed or printed name of registered agent and | title if applicable. (NOTE; F | Registered Age | nt signature requires | ed when reinstating) | DATE | | |
| | | FILE NOV | V!!! FEE | IS \$50.00 | j | | | J |
| | | Make Check Payable | to Florid | a Departme | ent of State | | | |
| | | Due i | By May 1 | , 2003 | | | | ĺ |
| 9. | MANAGING MEMBERS | /MANAGERS | 10. | | ADDITIONS/CHAP | VGES | | |
| TITLE | MGRM | ☐ Delete | TITLE | | | | Change | ☐ Addition |
| NAME | Braren, Michael e | | NAME | ĺ | | | | ſ |
| STREET ADDRESS | 4315 PABLO OAKS COURT STE 1 | | STREET AD | 1 | | | | Į |
| CITY-ST-ZIP | JACKSONVILLE FL 32224-9667 | | CITY-ST-Z | (IP | | | | |
| TITLE | MGR | ☐ Delete | TITLE | | | [| ☐ Change | ☐ Addition |
| NAME | STOKES, E CHESTER JR | ! | NAME | } | | | | |
| STREET ADDRESS | 4315 PABLO OAKS COURT STE 1 | ı | STREET AD | J | | | | , |
| CITY-ST-ZIP | JACKSONVILLE FL 32224-9667 | | CITY-ST-Z | | | | | |
| TITLE | MGR | ☐ Delete | TITLE | | | Ĺ | _ Change | ☐ Addition |
| NAME | ZYSKI, JERRY | | NAME | | | | | |
| STREET ADDRESS CITY-ST-ZIP | 4315 PABLO OAKS COURT STE 1 | | STREET AD | | | | | } |
| | JACKSONVILLE FL 32224-9667 | | - | JP | | | | |
| TITLE | MGR | ☐ Delete | TITLE | } | | L | _ Change | Addition |
| NAME Street address | BERGMANN, THOMAS C | | name Street ad | npree | | | | |
| CITY-ST-ZIP | 4315 PABLO OAKS COURT STE 1 | | CITY-ST-Z | 1 | | | | { |
| | JACKSONVILLE FL 32224-9667 | □ s.c. | - | "- | | | | |
| TITLE Name | MGR KUNKEL, JOHN C | ☐ Delete | TITLE NAME | } | | L | Change | Addition |
| STREET ADDRESS | 4315 PABLO OAKS COURT STE 1 | | STREET AD | DRESS | | | | 1 |
| CITY-ST-ZIP | JACKSONVILLE FL 32224-9667 | | CITY-ST-Z | | | | | } |
| | UNUINOUNVILLE FL 32224-800/ | Delate | | | | | Change | Addition |
| TITLE | | ☐ Delete | TITLE | | | L | ☐ cuantie | TI ACCIONI |

FILED
May 07, 2003 8:00 am
Secretary of State
05-07-2003 90047 013 ****50.00

| CITY-ST-ZIP | JACKSONVILLE FL 32224-9667 | | CITY-ST-ZIP | | | j | | |
|---|--|----------|--|--|--------|----------|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR STOKES, E CHESTER JR 4315 PABLO OAKS COURT STE 1 JACKSONVILLE FL 32224-9667 | ☐ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | Change | Addition | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR Zyski, Jerry 4315 Pablo Oaks Court Ste 1 Jacksonville FL 32224-9667 | ☐ Delete | TITLE NAME STREET ADDRESS CITY-SY-ZIP | | Change | Addition | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR BERGMANN, THOMAS C 4315 PABLO OAKS COURT STE 1 JACKSONVILLE FL 32224-9667 | ☐ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | Change | Addition | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR KUNKEL, JOHN C 4315 PABLO OAKS COURT STE 1 JACKSONVILLE FL 32224-9667 | ☐ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | Change | Addition | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | · | ☐ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | Change | Addition | | |
| 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:

JRE: Michael E. Braren

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

4/28/03 Date

904/482-1100

Daytime Phone #