


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 24, 2005 8:00 am
Secretary of State

01-24-2005 90100 007 ****50.00

DOCUMENT # L00000002818		
1. Entity Name CORKSCREW VILLAGE SELF STORAGE, L.L.C.		

Principal Place of Business 9220 BONITA BEACH ROAD SUITE 101 BONITA SPRINGS, FL 34135-4205 US	Mailing Address 9220 BONITA BEACH ROAD SUITE 101 BONITA SPRINGS, FL 34135-4205 US
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2. Principal Place of Business 8901 Commons Way	3. Mailing Address 10080 Ginger Pointe Court
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Estero, FL	City & State Bonita Springs
Zip 33928	Country USA
Zip	Country



01142005 Chg-LLC CR2E083 (10/03)

4. FEI Number 59-3636255	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent BORDNER, DONALD B 9220 BONITA BEACH ROAD SUITE 101 BONITA SPRINGS, FL 34135-4205	
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7. Name and Address of New Registered Agent Name Jim J. Walts Street Address (P.O. Box Number is Not Acceptable) 10080 Ginger Pointe Court City Bonita Springs FL Zip Code 34135	
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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 Jim J. Walts <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE 01/14/05

Filing Fee is \$50.00 Due by May 1, 2005	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BORDNER, DONALD B 9220 BONITA BEACH RD, SUITE 101 BONITA SPRINGS, FL 341354205 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGER Jim J. Walts 10080 Ginger Pointe Court Bonita Springs, FL 34135 <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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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: Jim J. Walts <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>	Date 01/14/05 Daytime Phone #