

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

03-24-2005 90203 039 ****50.00

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DOCUMENT # L00000003852 1. Entity Name FIVE STAR STORAGE, LLC			
Principal Place of Business 1141 SOUTH ROGERS CIRCLE STE #8 BOCA RATON, FL 33487		Mailing Address 1141 SOUTH ROGERS CIRCLE STE #8 BOCA RATON, FL 33487	
2. Principal Place of Business Suite, Apt. #, etc. 305 Hamlet Drive City & State Delray Beach, FL Zip 33445 Country USA		3. Mailing Address Suite, Apt. #, etc. 305 Hamlet Drive City & State Delray Beach, FL Zip 33445 Country USA	
4. FEI Number 65-1012813		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		02092005 Chg-LLC CR2E083 (10/03)	
6. Name and Address of Current Registered Agent FRISINA, RICHARD 400 S OCEAN BLVD R-26 BOCA RATON, FL 33432		7. Name and Address of New Registered Agent Name Frisina, Richard Street Address (P.O. Box Number is Not Acceptable) 305 Hamlet Drive City Delray Beach FL Zip Code 33445	
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 <small>Signature, typed or printed name of registered agent and title if applicable.</small>		DATE <u>3/24/05</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>	
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR FRISINA, RICHARD 400 S OCEAN BLVD R-26 BOCA RATON, FL 33432 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Frisina, Richard 305 Hamlet Drive Delray Beach, FL 33445 <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
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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 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 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		DATE <u>3/24/05</u> <small>Daytime Phone #</small>	