

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000007719

1. Entity Name
STORAWAY SELF-STORAGE, L.L.C.

Principal Place of Business

1295 ROCKLEDGE DRIVE
ROCKLEDGE FL 32955

Mailing Address

P.O. BOX 560398
ROCKLEDGE FL 32956-0398

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

PAYNE, LEE M
1295 ROCKLEDGE DRIVE
ROCKLEDGE FL 32955

7. Name and Address of New Registered Agent

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

TITLE NAME MGRM SMITH, TOM ☐ Delete
STREET ADDRESS 2118 E. PARKTON DRIVE
CITY-ST-ZIP DELTONA FL 32725

TITLE NAME MGRM PAYNE, LEE M ☐ Delete
STREET ADDRESS 1295 ROCKLEDGE DRIVE
CITY-ST-ZIP ROCKLEDGE FL 32955

TITLE NAME MGRM ROSS, STEPHAN A ☒ Delete
STREET ADDRESS 2636 E. BENGAL BLVD.
CITY-ST-ZIP SALT LAKE CITY UT 84121

TITLE NAME MGRM ROSS, TAMMY ☒ Delete
STREET ADDRESS 2636 E. BENGAL BLVD.
CITY-ST-ZIP SALT LAKE CITY UT 84121

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS 0000004135150--3
CITY-ST-ZIP -05/03/01--01153--004
*****50.00 *****50.00

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

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:

Lee M. Payne
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4/16/01 (321) 639-1295
Date Daytime Phone #

APPROVED
AND
FILED

01 APR 23 AM 9:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

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CR2E083 (11/00)