


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

04 JUL -9 PM 12:26

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L00000009369		
1. Entity Name SOUTH LAKELAND STORAGE, LLC		

Principal Place of Business 3000 MULFORD ROAD P.O. BOX 1226 MULBERRY, FL 33860	Mailing Address P.O. BOX 1869 LAKELAND, FL 33802
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address 1509 Jae Place Suite, Apt. #, etc.
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City & State Lakeland, Fl	City & State Lakeland, Fl	4. FEI Number 59-3217357	Applied For <input type="checkbox"/> Not Applicable
Zip 33803	Country USA	5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

03082004 Chg-LLC CR2E083 (10/03)



6. Name and Address of Current Registered Agent WATSON, STEPHEN C ESQ. HAHN, MCCLURG, WATSON, GRIFFITH & BUSH 101 S. FLORIDA AVENUE LAKELAND, FL 33802	
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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.	
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SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)		DATE
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Filing Fee is \$50.00 Due by May 1, 2004	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	MEM TEDDRER, JOSEPH B 103 S. FLORIDA AVE. LAKELAND, FL 33801 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1509 Jae Place Lakeland, Fl 33803 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEM WATSON, STEPHEN C 101 S. FLORIDA AVE. LAKELAND, FL 33801 <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	MEM PETCOFF, THOMAS S 1820 S. FLORIDA AVE LAKELAND, FL 33801 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1661 Williamsburg Square Lakeland, Fl 33803 <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	5041609 0517 04/06/04 98128-014 <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	\$50.00 <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

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 included 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 Joseph B. Tedder	3/24/04

WIGN  
HERE