APR-30-2004 FRI 01:39 PM

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State
05-03-2004 90137 023 ****50.00

DOCUMENT # L01000005898

1. Entity Name
AFFORDABLE MINI-STORAGE, LLC

Principal Place of Business	Mailing Address
602 PANFERIO DR PENSACOLA BEACH, FL 32561	602 PANFERIO DR PENSACOLA BEACH, FL 32561

04212004 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business	3. Mailing Address
1300 Maldonado Dr	1300 Maldonado Dr
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Pensacola Bch, FL	City & State: Pensacola Bch FL
Zip: 325 Country:	Zip: 32561 Country:

4. FEI Number: 59-3719311 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
TROUT, CASEY ~~602 PANFERIO DR~~ 1300 Maldonado Dr. PENSACOLA BEACH, FL 32561	Name: Street Address (P.O. Box Number is Not Acceptable): 1300 Maldonado Drive 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: [signature] 4-30-04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00 Due by May 1, 2004

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM TROUT, JENNIFER 602 PANFERIO DR PENSACOLA BEACH, FL 32561	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☑ Change ☐ Addition 1300 Maldonado Dr. Pensacola Bch. FL 32561
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM TROUT, CASEY 602 PANFERIO DR PENSACOLA BEACH, FL 32561	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☑ Change ☐ Addition 1300 Maldonado Dr. Pensacola Bch. FL 32561
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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: [signature] 4-30-04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #