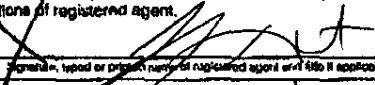


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

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 602 PANFERIO DR PENSACOLA BEACH, FL 32561		Mailing Address 602 PANFERIO DR PENSACOLA BEACH, FL 32561	
2. Principal Place of Business 1300 MALDONADO DR Suite, Apt. #, etc.		3. Mailing Address 1300 MALDONADO DR Suite, Apt. #, etc.	
City & State Pensacola Bch. FL Zip 325 Country		City & State Pensacola Bch FL 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 TROUT, CASEY 602 PANFERIO DR PENSACOLA BEACH, FL 32561		7. Name and Address of New Registered Agent 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  DATE 4-30-04 (NOTE: Registered Agent signature required when resigning)			
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	1300 MALDONADO Dr. Pensacola Bch. FL 32561 ☒ Change ☐ Addition
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	1300 Maldonado Dr. Pensacola Bch. FL 32561 ☒ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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)(f), 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: 		DATE: 4-30-04	
SIGNATURE AND PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	