

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR) - DUE BY MAY 1, 2008

FILED
Feb 01, 2008 08:00 AM
Secretary of State

DOCUMENT # L01000006307	
1. Entity Name LAKE DORA STORAGE MALL, L.L.C.	

Principal Place of Business 1605 E ALFRED ST TAVARES FL 32778	Mailing Address 22036 LAKE SENECA ROAD EUSTIS FL 32736
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

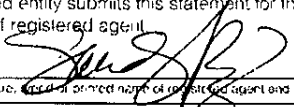
1st MOORE CR2E083 (10/07)

6. Name and Address of Current Registered Agent RILEY, SANDRA 22036 LK SENECA RD EUSTIS FL 32736	
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4. FEI Number 01-0553329	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	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 **1-28-08**

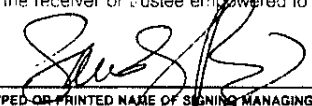
Signature and typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when reappointing)

FILE NOW!!! FEE IS \$138.75 After May 1, 2008, Fee Will Be \$538.75 Make Check Payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete
MGR RILEY, SANDRA 22036 LAKE SENECA ROAD EUSTIS FL 32736	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete
MGRM RILEY, NICOLETTE 22036 LAKE SENECA RD EUSTIS FL 32736	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete
MGRM RILEY, CASEY J 22036 LK SENECA RD EUSTIS FL 32736	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete
MGRM RILEY, HOLLY L 22036 LK SENECA RD EUSTIS FL 32736	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
U000000811165 02/11/08-80015-019 138.75	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
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 exemptions contained in Section 119, 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:  **1-28-08** **352-742-7737**
352-357-7737

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #