

# **2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L01000009615

**FILED**  
**May 02, 2007**  
**Secretary of State**

**Entity Name:** COLLEGE PARK STORAGE CENTER, L.L.C.

**Current Principal Place of Business:**

1420 N. ORANGE BLOSSOM TRAIL  
ORLANDO, FL 32804

**New Principal Place of Business:**

**Current Mailing Address:**

1420 N. ORANGE BLOSSOM TRAIL  
ORLANDO, FL 32804

**New Mailing Address:**

**FEI Number:** 59-3734727      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

TURNER, PATRICIA L  
P O BOX 524263  
WORLD #1007  
MIAMI, FL 33152 US

**Name and Address of New Registered Agent:**

TURNER, PATRICIA L  
1420 N ORANGE BLOSSOM TRAIL  
ORLANDO, FL 32804 US

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: \_\_\_\_\_

05/02/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: TURNER, PATRICIA L  
Address: P O BOX 524263  
City-St-Zip: MIAMI, FL 331524263

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: PATRICIA L TURNER

MGRM

05/02/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date