## **2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)**

## DOCUMENT # L01000009615

SIGNATURE:

COLLEGE PARK STORAGE CENTER, L.L.C.



**FILED** Mar 26, 2003 8:00 am Secretary of State 03-26-2003 90047 025 \*\*\*\*50.00

2. Principal Place of Business 3. Mailing Address  Suite, Apt. #, etc.   Suite, Apt. #, etc.   CHECK HERE IF MAKING CHANGES  City & State   City & State   City & State   4. FEI Number 59-3734727   Applied Not Apr. Mor. Apr. Mo						_}					
ORLANDO FL 32804  ORLANDO FL 3	Principal Plac	e of Business	Mailing Address			l l					
Suite, Apt. #, etc.   Suite, Apt. #, etc.   CHECK HERE IF MAKING CHANGES  City & State   City & State   4. FEI Number   59-3734727   Applied  Zip   Country   Zip   Country   5. Certificate of Status Desired   \$5.00 Addition   Fee Required  6. Name and Address of Current Registered Agent   7. Name and Address of New Registered Agent   Name   Na	1420 N. ORANGE BLOSSOM TRAIL ORLANDO FL 32804					11001100110	ar <b>ani s</b> a ir <b>ali as</b> lik <b>as</b> lik l		18118 81181 111	<b>:11 0</b> :11 1 <b>45</b> 1	
City & State  Country  Country  Country  Country  Country  S. Certificate of Status Desired  \$5.00 Addition Fee Required  To. Name and Address of New Registered Agent  To. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  City  FL  Zip Code  Street Address (P.O. Box Number is Not Acceptable)  City  FL  Zip Code  Street Address (P.O. Box Number is Not Acceptable)  City  FL  Zip Code  S. The above named entity submits this statement for the purpose of changing its registered affice or registered agent, or both, in the State of Florida. I am familiar with, and.  I the obligations of registered agent.  SiGNATURE  FILE NOW!!! FEE IS \$50.00  Make Check Payable to Florida Department of State  Due By May 1, 2003  S. MANAGING MEMBERS MANAGERS  Inc.  NAME  TURNER, PATRICIA L  1420 N. ORANGE BLOSSOM TRAIL  ORLANDO FL 32804  TITLE  NAME  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  Delete  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  Delete  TITLE  Delete  TITLE  Delete  TITLE  Delete  TITLE  Change	2. Principal P	Place of Business	3. Mailing Address	3. Mailing Address							
Zip Country Zip Country 5.0 Country 5.0 Certificate of Status Desired \$5.00 Addition Fee Required  6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Page 1031 WEST MORSE BLVD., STE. 160 WINTER PARK FL 32789  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 at the obligations of registered agent.  SiGNATURE    File Now!!! FEE IS \$50.00   Make Check Payable to Florida Department of State Due By May 1, 2003    MANAGING MEMBERS / MANAGERS   10. ADDITIONS / CHANGES   1420 N. ORANGE BLOSSOM TRAIL ORLAND FL 32804   17LE NAME STREET ADDRESS   17LE NAME   1420 N. ORANGE BLOSSOM TRAIL ORLAND FL 32804   17LE NAME   17L	Suite, Apt. #, etc.		Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES					
Signature   Sign	City & State		City & State			4. FEI Number	59-3734727	,		pplied For ot Applicable	
BUCHANAN, STUART P 1031 WEST MORSE BLVD., STE. 160 WINTER PARK FL 32789  Street Address (P.O. Box Number is Not Acceptable)  City  FL  Zip Code  City  FL  Zip Code  City  FL  Signature. Syped or printed name of negistered agent and title if applicable.  (NOTE Registered Agent signature required when reinstalling)  FILE NOW!!! FEE IS \$50.00  Make Check Payable to Florida Department of State  Due By May 1, 2003  9. MANAGING MEMBERS / MANAGERS  TITLE  MAGR  TURNER, PATRICIA L  STREET ADDRESS  CITY-ST-ZIP  TITLE  MAGR  Delete  TITLE  MAGR  TURNER, PATRICIA L  1420 N. ORANGE BLOSSOM TRAIL  ORLANDO FL 32804  TITLE  MAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  ORLANDO FL 32804	Zip	Country Zip Cou				5. Certificate of Status Desired					
BUCHANAN, STUART P 1031 WEST MORSE BLVD., STE. 160 WINTER PARK FL 32789    City   FL   Zip Code		6. Name and Address of Curre	nt Registered Agent	<u> </u>		7. Name and	Address of New Re	egistered Ag	jent		
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and a the obligations of registered agent.  Signature    Signature, typed or printed name of registered agent and title if applicable.   (NOTE Registered Agent signature required when reinstating)   DATE	1031 WEST MORSE BLVD., STE. 160			-							
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and a the obligations of registered agent.  SIGNATURE    Signature, typed or printed name of registered agent and tale if applicable. (NOTE: Registered Agent signature required when reinstating)   DATE	WINTER PARK FL 32/89							•	T = 2 = 7		
### the obligations of registered agent.    SIGNATURE					1			FL	Zip Codi	e	
FILE NOW!!! FEE IS \$50.00  Make Check Payable to Florida Department of State Due By May 1, 2003  9. MANAGING MEMBERS/MANAGERS TITLE MAGR TURNER, PATRICIA L STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE Change Change Change Change	I the obligate	tions of registered agent.		s registered offi	ce or register	red agent, or both	i, in the State of Flor		niliar with,	and accept	
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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 supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes.		and the that the information to un-line	with this filling does not qualify for			ection 119 07/3///	) Florida Statutes I	further certif	v that the i	nformation	