

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000010044

FILED  
Apr 27, 2004  
Secretary of State

Entity Name: ARGYLE FOREST MINI-STORAGE, LLC

## Current Principal Place of Business:

4315 PABLO OAKS COURT  
SUITE 1  
JACKSONVILLE, FL 322249667

## New Principal Place of Business:

## Current Mailing Address:

4315 PABLO OAKS COURT  
SUITE 1  
JACKSONVILLE, FL 322249667

## New Mailing Address:

FEI Number: 75-3073628

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BEAREN, MICHAEL E  
4315 PABLO OAKS COURT  
SUITE 1  
JACKSONVILLE, FL 32224

## Name and Address of New Registered Agent:

BRAREN, MICHAEL E  
4315 PABLO OAKS COURT  
SUITE 1  
JACKSONVILLE, FL 32224

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: MICHAEL E BRAREN

04/27/2004

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MEMBERS:

Title: MGRM ( ) Delete  
Name: BRAREN, MICHAEL E  
Address: 4315 PABLO OAKS COURT STE 1  
City-St-Zip: JACKSONVILLE, FL 322249667

Title: MGR ( ) Delete  
Name: STOKES, E CHESTER JR  
Address: 4315 PABLO OAKS COURT STE 1  
City-St-Zip: JACKSONVILLE, FL 322249667

Title: MGR ( ) Delete  
Name: ZYSKI, JERRY  
Address: 4315 PABLO OAKS COURT STE 1  
City-St-Zip: JACKSONVILLE, FL 322249667

Title: MGR ( ) Delete  
Name: BERGMANN, THOMAS C  
Address: 4315 PABLO OAKS COURT STE 1  
City-St-Zip: JACKSONVILLE, FL 322249667

Title: MGR ( ) Delete  
Name: KUNKEL, JOHN C  
Address: 4315 PABLO OAKS COURT STE 1  
City-St-Zip: JACKSONVILLE, FL 322249667

## ADDITIONS/CHANGES:

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

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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: MICHAEL E BRAREN

MGRM

04/27/2004

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