



# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 23, 2008 8:00 am**  
**Secretary of State**

04-23-2008 90121 039 \*\*\*138.75

|  |  |   |   |   |  |
|--|--|---|---|---|--|
| <b>DOCUMENT # L01000010044</b><br>1. Entity Name<br><b>ARGYLE FOREST MINI-STORAGE, LLC</b>   |  |   |   |    |  |
| Principal Place of Business<br><b>4315 PABLO OAKS COURT<br/>SUITE 1<br/>JACKSONVILLE, FL 32224-9667</b>  |  |   | Mailing Address<br><b>4315 PABLO OAKS COURT<br/>SUITE 1<br/>JACKSONVILLE, FL 32224-9667</b> |   |  |
| 2. Principal Place of Business - No P.O. Box #<br><br>Suite, Apt. #, etc.  |  | 3. Mailing Address<br><br>Suite, Apt. #, etc. |   |   |  |
| City & State<br><br>Zip      Country   |  | City & State<br><br>Zip      Country          |   | 04222008    Chg-LLC    CR2E083 (12/06)  |  |
| 4. FEI Number<br><b>75-3073628</b>   |  |   |   | Applied For<br><input type="checkbox"/> Not Applicable  |  |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>  |  |   |   | 6. Name and Address of Current Registered Agent<br><br><b>SLG MANAGEMENT SERVICES, LLC<br/>4315 PABLO OAKS COURT<br/>SUITE 1<br/>JACKSONVILLE, FL 32224</b>   |  |
| 7. Name and Address of New Registered Agent<br><br>Name<br><br>Street Address (P.O. Box Number is Not Acceptable)<br><br>City <b>FL</b> 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>  |  |   |   |   |  |
| <b>FILE NOW!!! FEE IS \$138.75</b><br><b>After May 1, 2008 Fee will be \$538.75</b>  |  |   | <b>Make check payable to</b><br><b>Florida Department of State</b>                          |   |  |
| <b>9. MANAGING MEMBERS / MANAGERS</b>  |  |   | <b>10. ADDITIONS / CHANGES</b>  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <b>MGR</b><br><b>SLG MANAGEMENT SERVICES, LLC</b><br><b>4315 PABLO OAKS COURT, SUITE 1</b><br><b>JACKSONVILLE, FL 32224-9667</b> |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <b>PRES</b><br><b>Michael E. Bracer</b><br><b>4315 Pablo Oaks Court</b><br><b>Jacksonville FL 32224</b>   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Delete  |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <b>VP</b><br><b>John C. Kunkel</b><br><b>4315 Pablo Oaks Court</b><br><b>Jacksonville FL 32224</b>  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Delete  |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <b>VP</b><br><b>John P. Moore</b><br><b>4315 Pablo Oaks Court</b><br><b>Jacksonville FL 32224</b>   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Delete  |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <b>VPS</b><br><b>Mallory Gayle Holm</b><br><b>4315 Pablo Oaks Court</b><br><b>Jacksonville FL 32224</b>   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Delete  |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <b>VPT</b><br><b>Sharon W. Fredenhagen</b><br><b>4315 Pablo Oaks Court</b><br><b>Jacksonville FL 32224</b>  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Delete  |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <b>AS</b><br><b>Joy L Lawarre</b><br><b>4315 Pablo Oaks Court</b><br><b>Jacksonville FL 32224</b>   |  |
| 11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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. |  |   |   |   |  |
| <b>SIGNATURE:</b> <i>Joy L Lawarre</i> <b>Joy L Lawarre A.S. 4/22/8</b> <b>904 482 1100</b><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #</small>   |  |   |   |   |  |