


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 29, 2005 08:00 AM
Secretary of State

DOCUMENT # L01000011936 1. Entity Name WATERFORD LAKES STORAGE, L.L.C.	
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Principal Place of Business 11971 LAKE UNDERHILL RD ORLANDO, FL 32825	Mailing Address 310 W CENTRAL PKWY #7000 ALTAMONTE SPRINGS, FL 32714
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DO NOT WRITE IN THIS SPACE



04222005No Chg-LLC CR2E083 (10/03)

4. FEI Number 59-3746749	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent MIKKELSON, WM. MICHAEL 310 W CENTRAL PKWY #7000 ALTAMONTE SPRINGS, FL 32714	DO NOT WRITE IN THIS SPACE
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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 _____ (NOTE: Registered Agent signature required when reconstituting) _____ DATE _____

**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MCLANE, JOHN L JR 10407 ROCKET BLVD ORLANDO, FL 32824
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MIKKELSON, WM. MICHAEL 310 W CENTRAL PKWY #7000 ALTAMONTE SPRINGS, FL 32714
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04/29/05-80135-016 50.00

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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 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: Wm. Michael Mickelson 42505 407-774-8818
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

Wm. MICHAEL MIKKELSON