

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

DOCUMENT # L01000020710

1. Entity Name  
STORAGE MANAGEMENT, LLC



**FILED  
Jan 15, 2003 8:00 am  
Secretary of State**

01-15-2003 90052 042 \*\*\*\*50.00

20007409



CHECK HERE IF MAKING CHANGES

Principal Place of Business  
4836 BONITA BEACH ROAD #6  
BONITA SPRINGS FL 34134

Mailing Address  
4836 BONITA BEACH ROAD #6  
BONITA SPRINGS FL 34134

2. Principal Place of Business  
9220 Bonita Beach Rd  
Suite, Apt. #, etc.  
Suite 101  
City & State  
Bonita Springs, FL  
Zip  
34135-4205 Country  
USA

3. Mailing Address  
9220 Bonita Beach Rd  
Suite, Apt. #, etc.  
Suite 101  
City & State  
Bonita Springs, FL  
Zip  
34135-4205 Country  
USA

4. FEI Number  
04-3594719  
Applied For  
Not Applicable

5. Certificate of Status Desired  
 \$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

BORDNER, DONALD  
4836 BONITA BEACH ROAD #6  
BONITA SPRINGS FL 34134

7. Name and Address of New Registered Agent  
Name  
Bordner, Donald  
Street Address (P.O. Box Number is Not Acceptable)  
9220 Bonita Beach Rd  
Suite 101  
City  
Bonita Springs FL Zip Code  
34135-4205

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

Bordner, Donald 1-12-03

**FILE NOW!!! FEE IS \$50.00  
Make Check Payable to Florida Department of State  
Due By May 1, 2003**

9. MANAGING MEMBERS / MANAGERS

10.

ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

MGRM  
BORDNER, DONALD  
4836 BONITA BEACH ROAD #6  
BONITA SPRINGS FL 34134

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

MGRM  
Bordner, Donald  
9220 Bonita Beach Rd, Suite 101  
Bonita Springs, FL 34135-4205

Change

Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change

Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change

Addition

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CITY-ST-ZIP

Change

Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change

Addition

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.

*Bordner, Donald*

1-12-03 239-498-2100

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #