


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR) - DUE BY MAY 1, 2008

FILED
Apr 18, 2008 8:00 am
Secretary of State

04-18-2008 90151 038 ***138.75

DOCUMENT # L02000000073	
1. Entity Name BOCA MINI STORAGE, LLC	

Principal Place of Business 5555 N DIXIE HWY BOCA RATON FL 33487	Mailing Address 1051 HILLSBORO MILE, APT. 906E HILLSBORO BEACH FL 33062
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address 124 WOOD HAVEN DR
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State PALM COAST, FL
Zip	Country
32164	FLAGLER



1st MOORE CR2E083 (10/07)

6. Name and Address of Current Registered Agent ATKINSON, WILSON C III ESQ C/O ATKINSON, DINER, STONE, ET AL 1946 TYLER ST. HOLLYWOOD FL 33020	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____

FILE NOW!!! FEE IS \$138.75
After May 1, 2008, Fee Will Be \$538.75
Make Check Payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP MGRM STROK, ELIZABETH J 1051 HILLSBORO MILE, APT. 906E HILLSBORO BEACH FL 33062 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP MGRM STROK, ELIZABETH J. 124 WOOD HAVEN DR PALM COAST, FL 32164 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

SIGNATURE: Elizabeth J. Strok MGRM **4/3/08** **386-447-4734**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #
ELIZABETH J. STROK