2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L02000002694

1. Entity Name

A EZÉE SELF STORAGE #1500 LLC



04-16-2004 90415 016 ****50.00

Apr 16, 2004 8:00 am Secretary of State

FILED

Principal Place of Business 4237 RIGELS COVE WAY JENSEN BEACH, FL 34957 Mailing Address

4237 RIGELS COVE WAY JENSEN BEACH, FL 34957 24144300



01132004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number	Applied For
02-0554620	Not Applicable
La. Cerrricate of Status Desired 1 1 2 2 2 2	00 Additional

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

LUNDSTROM, DANIEL J 4237 RIGELS COVE WAY JENSEN BEACH, FL 34957

DO NOT WRITE IN THIS SPACE

Date

Daytime Phone #

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_	Signsture, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when renatating)	DATE	
Filling Fee is \$50.00 Due by May 1, 2004				
9.	MANAGING MEMBERS/MANAGERS			
TITLE . NAME . STREET ADDRESS CITY-ST-ZIP	MGRM LUNDSTROM, DANIEL J 4237 RIGELS COVE JENSEN BEACH, FL 34957			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO NOT WR	ITE	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1			
11. I hereby certify that the information supplied with this filling 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 an what 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 at trustile employered to execute this report as required by Chapter 608, Florida Statutes.				

AGING MEMBERL OR AUTHORIZED REPRESENTATIVE