


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 12, 2004 8:00 am
Secretary of State

02-12-2004 90117 022 ****50.00

DOCUMENT # L02000008294	
1. Entity Name SPACE STOR GREENACRES SELF STORAGE, LLC	

Principal Place of Business 10715 SIKES PLACE, SUITE 120- PROVIDENCE PARK - CHARLOTTE, NC 28277	Mailing Address 10715 SIKES PLACE, SUITE 120- PROVIDENCE PARK - CHARLOTTE, NC 28277-
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2. Principal Place of Business 2615 S. University Dr. Suite, Apt. #, etc.	3. Mailing Address P. O. Box 15728 Suite, Apt. #, etc.
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City & State Davie, Florida	City & State Plantation, Florida
Zip 33328	Country USA
Zip 33318-5728	Country USA

24010329



01302004 Chg-LLC CR2E083 (10/03)

4. FEI Number 41-2043108	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent KERPER, RICHARD G 2430 ESTANCIA BLVD STE 101B CLEARWATER, FL 33761	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 _____ DATE _____
(NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$50.00 Due by May 1, 2004	Make check payable to Florida Department of State
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9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SPACE STOR SELF STORAGE MANAGEMENT, LLC 701 GARVAIS STREET SUITE 150-324 COLUMBIA, SC 29204 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2615 S. University Dr. Davie, FL 33328
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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.

Space Stor Greenacres Self Storage, LLC by Space Stor Self Storage Management LLC, Mgr

SIGNATURE:  **2/2/04** **954 474-2800**
BY: Mark E. Steinhilber, Mgr. Date Daytime Phone #