

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED

**Feb 12, 2005 08:00 AM
Secretary of State**

DOCUMENT # L02000011968

**1. Entity Name
CLIMATIZED SELF STORAGE CONSTRUCTION
COMPANY, LLC**



**Principal Place of Business
1610 SOUTH EIGHTH STREET
FERNANDINA BEACH, FL 32034**

**Mailing Address
1610 SOUTH EIGHTH STREET
FERNANDINA BEACH, FL 32034**



01112005No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

**4. FEI Number
01-0711038**

**Applied For
Not Applicable**

5. Certificate of Status Desired



**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**MILLER, DAVID F JR
1610 SOUTH EIGHTH STREET
FERNANDINA BEACH, FL 32034**

**DO NOT WRITE
IN THIS SPACE**

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

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

9. MANAGING MEMBERS/MANAGERS

**TITLE P
NAME MILLER, DAVID F
STREET ADDRESS 1610 SOUTH 8TH ST.
CITY-ST-ZIP FERNANDINA BEACH, FL 32034**

**TITLE V
NAME MILLER, DAVID F JR
STREET ADDRESS 1610 SOUTH 8TH ST
CITY-ST-ZIP FERNANDINA BEACH, FL 32034**

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

**TITLE
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**TITLE
NAME
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CITY-ST-ZIP**

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02/12/05-80043-010 150.00

**DO NOT WRITE
IN THIS SPACE**

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:

David F. Miller

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

2/7/05

Date

904-277-6727

Daytime Phone #