


2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

6/30

FILED
Jul 14, 2003 8:00 am
Secretary of State

06-30-2003 90001 026 ****50.00

DOCUMENT # L02000014141					
1. Entity Name SELF STORAGE PROPERTY MANAGEMENT, LLC					
Principal Place of Business 2115 JONATHAN LANE WINTER HAVEN FL 33884			Mailing Address P. O. BOX 1391 WINTER HAVEN FL 33882		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 30-0085299	
				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
SAMMONS, ROBERT O 1556 SIXTH STREET SE WINTER HAVEN FL 33880			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL Zip Code		
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 reinstating) DATE _____					
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	MGCM HEATH, WARREN K II 2115 JONATHAN LANE SE WINTER HAVEN FL 33880 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input 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 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: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					
				Date 6/14/03 Daytime Phone # _____	

33031048



☐ CHECK HERE IF MAKING CHANGES

CR2E083 (10/02)