

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000032742

FILED
Apr 29, 2004
Secretary of State

Entity Name: KEEPERS SELF STORAGE - LANTANA, LLC

Current Principal Place of Business:

16520 SENTERRA DRIVE
DELRAY BEACH, FL 33484

New Principal Place of Business:

1950 LANTANA ROAD
LANTANA, FL 33462

Current Mailing Address:

140 WOODBINE STREET
BERGENFIELD, NJ 07666

New Mailing Address:

FEI Number: 74-3074945

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
526 EAST PARK AVENUE
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: HAVER, DAVID
Address: 56 REDWOOD ROAD
City-St-Zip: SAG HARBOR, NY 11963

Title: MGRM () Delete
Name: HOCHMAN, ANDREW
Address: 991 WOOD STREET
City-St-Zip: WOODMERE, NY 11598

Title: MGRM () Delete
Name: WERNER, ARTHUR
Address: 245 ARDSLEY ROAD
City-St-Zip: SCARSDALE, NY 10583

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM (X) Change () Addition
Name: LERNER, ARTHUR
Address: 245 ARDSLEY ROAD
City-St-Zip: SCARSDALE, NY 10583

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 HAVER

MGRM

04/29/2004

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date