

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000004436

Entity Name: CITY STORAGE, LLC

FILED
Aug 03, 2004
Secretary of State

Current Principal Place of Business:

1001 N BERFIELD DR
MARCO ISLAND, FL 34145

New Principal Place of Business:

1001 N BARFIELD DR
MARCO ISLAND, FL 34145

Current Mailing Address:

1001 N BERFIELD DR
MARCO ISLAND, FL 34145

New Mailing Address:

1001 N BARFIELD DR
MARCO ISLAND, FL 34145

FEI Number: 11-3683768

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DUFAULT, DANNEL J
1001 N BARFIELD DR
MARCO ISLAND, FL 34145

Name and Address of New Registered Agent:

DUFAULT, DANIEL J
1001 N BARFIELD DR
MARCO ISLAND, FL 34145

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: DANIEL J DUFAULT

08/03/2004

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: P () Delete
Name: DFAULT, DANNEL J SR
Address: 1441 CAXAMBAS CT
City-St-Zip: MARCO ISLAND, FL 34145

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: DFAULT, DANIEL J SR
Address: 1441 CAXAMBAS CT
City-St-Zip: MARCO ISLAND, FL 34145

Title: MGR () Change (X) Addition
Name: DFAULT, DANIEL JR
Address: 631 INLET DRIVE
City-St-Zip: MARCO ISLAND, FL 34145

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: DANIEL J DUFAULT

MGRM

08/03/2004

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