


**2004 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Mar 24, 2004 8:00 am**  
**Secretary of State**

03-24-2004 90300 040 \*\*\*\*50.00

**DOCUMENT # L03000006932**

1. Entity Name  
**441 SELF STORAGE, LLC**



Principal Place of Business  
**16026 NORTHEAST 2ND STREET  
 GAINESVILLE, FL 32609**

Mailing Address  
**16026 NORTHEAST 2ND STREET  
 GAINESVILLE, FL 32609**

2. Principal Place of Business  
**12722 NW 77th Terrace**  
 Suite, Apt. #, etc.

3. Mailing Address  
**16026 NE 2nd St**  
 Suite, Apt. #, etc.

City & State  
**Alachua, FL**

City & State  
**Gainesville, FL**


Zip  
**32605**

Country  
**Alachua**

Zip  
**32609**

Country  
**Alachua**

24028161



02222004 Chg-LLC CR2E083 (10/03)

8. Name and Address of Current Registered Agent

**ROBINSON, DAVID C  
 16026 NORTHEAST 2ND STREET  
 GAINESVILLE, FL 32609**

4. FEI Number  
**81-0660802**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$5.00 Additional Fee Required**

7. Name and Address of New Registered Agent

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (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**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR ROBINSON, DAVID C 16026 NORTHWEST 2ND STREET GAINESVILLE, FL 32609</b> <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:** *David C Robinson* **DAVID C ROBINSON** **3-9-04** **352-325-6175**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #