

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

04 OCT -1 PM 3:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L03000017409					
1. Entity Name AT YOUR DOOR SELF STOR, ORLANDO FLORIDA, LLC					
Principal Place of Business 2126 LANDSTREET ROAD ORLANDO, FL 32809 US			Mailing Address 2126 LANDSTREET ROAD ORLANDO, FL 32809 US		
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 65-1191789	
5. Name and Address of Current Registered Agent MCDEVITT, WILLIAM 2126 LANDSTREET ROAD ORLANDO, FL 32809				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 _____ (NOTE: Registered Agent signature required when reappointing)					
DATE _____					
Filing Fee is \$50.00 Due by September 8, 2004			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR MCDEVITT, WILLIAM 2126 LANDSTREET ROAD ORLANDO, FL 32809	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	100041571021 10/04/04--01040--012 **\$5.00	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Change ☐ Addition
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: <i>WM Wm. McDevitt</i>			9/20/04 407 959-9785		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date		