# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**
**Feb 23, 2004 8:00 am**
**Secretary of State**
02-23-2004 90343 043 ****50.00

DOCUMENT # L03000028290

1. Entity Name
SPACE STOR MANAGEMENT PARTNERS, L.L.C.

| Principal Place of Business | Mailing Address |
|---|---|
| ~~2430 ESTANCIA BOULEVARD, #101B CLEARWATER, FL 33761~~ | ~~2430 ESTANCIA BOULEVARD, #101B CLEARWATER, FL 33761~~ |

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| 2615 S. University Dr. | P.O. Box 15728 |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State: Davie, FL | City & State: Plantation, FL |
| Zip: 33328 Country: USA | Zip: 33318-5728 Country: USA |

01302004 Chg-LLC CR2E083 (10/03)

4. FEI Number 20-0696224 ☐ Applied For ☐ Not Applicable

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

| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
|---|---|
| ~~GOLD, AARON J~~<br>~~704 WEST BAY STREET~~<br>~~TAMPA, FL 33606~~ | Name: Richard G. Kerper<br>Street Address (P.O. Box Number is Not Acceptable): 2430 Estancia Boulevard<br>Suite 101B<br>City: Clearwater FL Zip Code: 33761 |

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 _____ Richard Kerper 2/10/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**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 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☒ Addition<br>Manager<br>Richard G. Kerper<br>2430 Estancia Blvd., #101B<br>Clearwater, FL 33761 |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☒ Addition<br>Manager<br>Mark E. Stelnik<br>2615 S. University Dr.<br>Davie, FL 33328 |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ 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:** _____ 2/10/04 954 474-2800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #

Mark E. Stelnik, Manager