
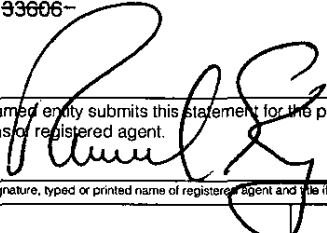
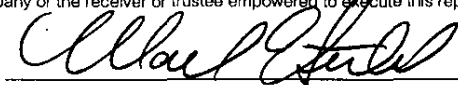


**2004 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Feb 23, 2004 8:00 am**  
**Secretary of State**

02-23-2004 90343 043 \*\*\*\*50.00

<b>DOCUMENT # L03000028290</b>			
1. Entity Name <b>SPACE STOR MANAGEMENT PARTNERS, L.L.C.</b>			
Principal Place of Business <b>2430 ESTANCIA BOULEVARD, #101B CLEARWATER, FL 33761</b>		Mailing Address <b>2430 ESTANCIA BOULEVARD, #101B CLEARWATER, FL 33761</b>	
2. Principal Place of Business <b>2615 S. University Dr.</b> Suite, Apt. #, etc.		3. Mailing Address <b>P.O. Box 15728</b> Suite, Apt. #, etc.	
City & State <b>Davie, FL</b>		City & State <b>Plantation, FL</b>	
Zip <b>33328</b>	Country <b>USA</b>	Zip <b>33318-5728</b>	Country <b>USA</b>
6. Name and Address of Current Registered Agent <b>GOLD, AARON J- 704 WEST BAY STREET TAMPA, FL 33606</b>		7. Name and Address of New Registered Agent Name <b>Richard G. Kerper</b> Street Address (P.O. Box Number is Not Acceptable) <b>2430 Estancia Boulevard</b> <b>Suite 101B</b> City <b>Clearwater</b> <b>FL</b> Zip Code <b>33761</b>	
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  <b>Richard Kerper</b> DATE <b>2/10/04</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>Filing Fee is \$50.00 Due by May 1, 2004</b>		<b>Make check payable to Florida Department of State</b>	
<b>9. MANAGING MEMBERS/MANAGERS</b>		<b>10. ADDITIONS/CHANGES</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
		<b>Manager Richard G. Kerper 2430 Estancia Blvd., #101B Clearwater, FL 33761</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
		<b>Manager Mark E. Stelnik 2615 S. University Dr. Davie, FL 33328</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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.			
<b>SIGNATURE:</b> 		Date <b>2/10/04</b> Daytime Phone # <b>954 474-2800</b>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small> <b>Mark E. Stelnik, Manager</b>			

