
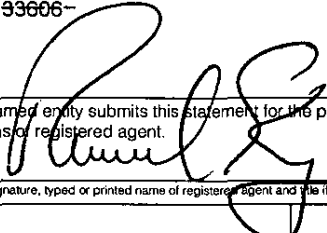
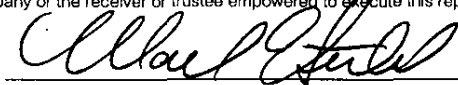


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**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. Suite, Apt. #, etc.</b>		3. Mailing Address <b>P.O. Box 15728 Suite, Apt. #, etc.</b>			
City & State <b>Davie, FL</b>		City & State <b>Plantation, FL</b>		4. FEI Number <b>20-0696224</b>	
Zip <b>33328</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</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> Suite 101B 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 G. Kerper</b> <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>		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Manager <b>Richard G. Kerper</b> <b>2430 Estancia Blvd., #101B</b> <b>Clearwater, FL 33761</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Manager <b>Mark E. Stelnik</b> <b>2615 S. University Dr.</b> <b>Davie, FL 33328</b> <input type="checkbox"/> Change <input checked="" 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		
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>  <b>Mark E. Stelnik, Manager</b>			<b>2/10/04</b> <b>954 474-2800</b> <small>Date Daytime Phone #</small>		