

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000031053

Entity Name: STORAGE PARTNERS LLC

FILED
Apr 30, 2005
Secretary of State

Current Principal Place of Business:

1546 METROPOLITAN BOULEVARD, #4
TALLAHASSEE, FL 323083775

New Principal Place of Business:

Current Mailing Address:

1546 METROPOLITAN BOULEVARD, #4
TALLAHASSEE, FL 323083775

New Mailing Address:

FEI Number: 32-0099462

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GROW, WILLIAM A JR
1546 METROPOLITAN BOULEVARD, #4
TALLAHASSEE, FL 323083775 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: GROW, WILLIAM A JR
Address: 3012 BROOKMONT DRIVE
City-St-Zip: TALLAHASSEE, FL 32312

Title: MGRM () Delete
Name: NELSON, TERRY C
Address: P.O. BOX 13671
City-St-Zip: TALLAHASSEE, FL 32317

Title: MGR () Delete
Name: GLEMBIN, DEBORAH J
Address: 1733 NESTLEWOOD LANE
City-St-Zip: TALLAHASSEE, FL 32301

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: DEBORAH J. GLEMBIN

MGR

04/30/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date