

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 18, 2005 8:00 am**  
**Secretary of State**

01-18-2005 90178 035 \*\*\*\*50.00

DOCUMENT # L03000041758

1. Entity Name  
BUCKEYE SELF STORAGE OF PLANT CITY, LLC



Principal Place of Business  
4855 10TH AVENUE S.W.  
NAPLES, FL 34116

Mailing Address  
4855 10TH AVENUE S.W.  
NAPLES, FL 34116



2. Principal Place of Business  
BUCKEYE SELF STORAGE

3. Mailing Address  
BUCKEYE SELF STORAGE

Suite, Apt., #, etc.  
1610 JIM JOHNSON RD.

Suite, Apt., #, etc.  
1610 JIM JOHNSON RD.

01132005 Chg-LLC CR2E083 (10/03)

City & State  
PLANT CITY FL

City & State  
PLANT CITY FL

4. FEI Number  
20-0358329

Applied For  
Not Applicable

Zip  
33566

Country  
USA

Zip  
33566

Country  
USA

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

WEBRE, HAROLD J  
C/O GOODLETTE, COLEMAN & JOHNSON, P.A.  
4001 TAMiami TRAIL NORTH, SUITE 300  
NAPLES, FL 34103

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

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, 2005

Make check payable to  
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGR  
YOCOM, BENJAMIN C JR.  
4855 10TH AVENUE S.W.  
NAPLES, FL 34116 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGR  
BENJAMIN C. YOCOM JR.  
3238 BRIDGEFIELD DR.  
LAKE LAND FL 33803 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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: *[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date  
1/12/05  
Daytime Phone #  
239-289-4938