

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

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FILED
Mar 25, 2004 8:00 am
Secretary of State

02-27-2004 90195 041 ****50.00

DOCUMENT # L03000054346					
1. Entity Name SOUTH SANFORD SELF-STORAGE, LLC					
Principal Place of Business 6424 PINECASTLE BLVD. SUITE A ORLANDO FL 32809 US			Mailing Address 6424 PINECASTLE BLVD. SUITE A ORLANDO FL 32809 US		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 20-0528384	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent BAILES PROPERTIES, INC. 6424 PINECASTLE BLVD. SUITE A ORLANDO FL 32809			7. Name and Address of New Registered Agent		
			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 _____ (NOTE: Registered Agent signature required when reappointing)					
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2004					
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	☐ Delete	TITLE	☐ Change	☒ Addition	
NAME		NAME	Managing Member		
STREET ADDRESS		STREET ADDRESS	Bailes Holdings, LLP		
CITY- ST- ZIP		CITY- ST- ZIP	6424 Pinecastle Blvd., Suite A		
			Orlando, FL 32809		
TITLE	☐ Delete	TITLE	☐ Change	☐ Addition	
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY- ST- ZIP		CITY- ST- ZIP			
TITLE	☐ Delete	TITLE	☐ Change	☐ Addition	
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY- ST- ZIP		CITY- ST- ZIP			
TITLE	☐ Delete	TITLE	☐ Change	☐ Addition	
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY- ST- ZIP		CITY- ST- ZIP			
TITLE	☐ Delete	TITLE	☐ Change	☐ Addition	
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY- ST- ZIP		CITY- ST- ZIP			
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 606, Florida Statutes.					
SIGNATURE: <u>Charles E. Bailes Jr</u> 2/24/04 407-816-0100					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					

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MOORE CR2E083 (11/03)