

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 05, 2005 8:00 am
Secretary of State

04-05-2005 90010 003 ****50.00

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1. Entity Name
AMERICA'S MINI STORAGE AND OFFICE COMPLEX LLC

Principal Place of Business
**141 COMMERCE DRIVE
PORT ST. JOE, FL 32456**

Mailing Address
**117 HONEYSUCKLE ROAD, N.W.
MILLEDGEVILLE, GA 31061**

2005



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02022005 Chg-LLC CR2E083 (10/03)

4. FEI Number

34-2003604

Applied For

Not Applicable

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

**GIBSON, THOMAS S
206 E. 4TH STREET
PORT ST. JOE, FL 32456**

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 MGRM ☐ Delete
NAME ROBERTS, JAMES T
STREET ADDRESS 117 HONEYSUCKLE ROAD, N.W.
CITY-ST-ZIP MILLEDGEVILLE, GA 31061

TITLE MGRM ☐ Delete
NAME ROBERTS, GINA E
STREET ADDRESS 117 HONEYSUCKLE ROAD, N.W.
CITY-ST-ZIP MILLEDGEVILLE, GA 31061

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE MGRM ☒ Change ☐ Addition
NAME ROBERTS, JAMES T.
STREET ADDRESS 194 SWEETWATER SHORES DR.
CITY-ST-ZIP PORT ST. JOE FLA. 32456

TITLE MGRM ☒ Change ☐ Addition
NAME ROBERTS, GINA E.
STREET ADDRESS 194 SWEETWATER SHORES DR.
CITY-ST-ZIP PORT ST. JOE FLA. 32456

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

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 608, Florida Statutes.

SIGNATURE:

James T. Roberts

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

4/4/05 850-229-8014