

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**May 12, 2005 8:00 am**  
**Secretary of State**

04-13-2005 90214 032 \*\*\*\*50.00

<b>DOCUMENT # L04000053618</b> 1. Entity Name <b>NORTH PORT STORAGE PROPERTIES, LLC</b>					
Principal Place of Business <b>13419 BLYTHEFIELD TERRACE BRADENTON FL 34202</b>			Mailing Address <b>13419 BLYTHEFIELD TERRACE BRADENTON FL 34202</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>CHARNAS, ELIOT 13419 BLYTHEFIELD TERRACE BRADENTON FL 34202</b>				Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____	
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.				4. FEI Number <b>20-1401046</b>	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
SIGNATURE _____ (NOTE: Registered Agent signature required when re-instating)				DATE _____	
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2005				9. MANAGING MEMBERS/MANAGERS	
TITLE	MGRM CHARNAS FAMILY L.P. <input type="checkbox"/> Delete STREET ADDRESS 13419 BLYTHEFIELD TERRACE CITY-ST-ZIP BRADENTON FL 34202			10. ADDITIONS/CHANGES	
NAME				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS					
CITY-ST-ZIP					
TITLE					
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE					
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE					
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE					
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: _____				4/4/05 944-907-3055	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE				DAYTIME PHONE #	