

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 30, 2007 08:00 A
Secretary of State

DOCUMENT # L05000016888

1. Entity Name
WEST ORANGE SELF STORAGE, L.L.C.



Principal Place of Business

**1041 CROWN PRK CIR
WINTER GARDEN, FL 34787**

Mailing Address

**1041 CROWN PRK CIR
WINTER GARDEN, FL 34787**



04262007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-2394688

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**LYNN WALKER WRIGHT, P.A.
ATTN: LYNN WALKER WRIGHT, ESQ.
2716 REW CIRCLE, SUITE 102
OCOE, FL 34761**

**DO NOT WRITE
IN THIS SPACE**

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, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGRM
COX, LAWRENCE E
1041 CROWN PRK CIR
WINTER GARDEN, FL 34787**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGRM
RABOUD, RONALD J
1041 CROWN PRK CIR
WINTER GARDEN, FL 34787**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGRM
MCBRIDE, WILLIAM
1041 CROWN PRK CIR
WINTER GARDEN, FL 34787**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGRM
UBBINK, ROSE M
1041 CROWN PRK CIR
WINTER GARDEN, FL 34787**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGRM
BETTENCOURT, RICHARD
1041 CROWN PRK CIR
WINTER GARDEN, FL 34787**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGRM
LYNN, DANIEL N
1041 CROWN PRK CIR
WINTER GARDEN, FL 34787**

U000000743495
05/15/07-80111-010 50.00

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _____

RONALD J. RABOUD

4/27/07

407-877-0220

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

Date

Daytime Phone #