

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Mar 12, 2007 8:00 am**  
**Secretary of State**

03-12-2007 90484 020 \*\*\*\*\*50.00

**DOCUMENT # L05000046940**

1. Entity Name

GREAT SPACE SELF STORAGE (BONITA), LLC



Principal Place of Business

10911 BONITA BEACH ROAD  
C/O GULFSIDE MORTGAGE  
BONITA SPRINGS FL 34135

Mailing Address

10911 BONITA BEACH ROAD  
C/O GULFSIDE MORTGAGE  
BONITA SPRINGS FL 34135

2. Principal Place of Business - No P.O. Box #

10911 Bonita Beach Rd

3. Mailing Address

10911 Bonita Beach Rd

Suite, Apt. #, etc.

# 1071

Suite, Apt. #, etc.

# 1071

City & State

Bonita Springs, FL

City & State

Bonita Springs, FL

Zip

34135

Country

USA

Zip

34135

Country

USA

1st MOORE

CR2E083 (10/06)

4. FEI Number

20-2961097

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

GEIDNER, BRIAN M  
10911 BONITA BEACH ROAD  
#1071  
BONITA SPRINGS FL 34135

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE: MGR ☐ Delete  
NAME: NAPITA HOLDINGS, LLC  
STREET ADDRESS: 10911 BONITA BEACH RD #1071  
CITY- ST- ZIP: BONITA SPRINGS FL 34135

TITLE: MGR ☐ Delete  
NAME: SAMPLE, CHARLES  
STREET ADDRESS: 10911 BONITA BEACH RD # 1071  
CITY- ST- ZIP: BONITA SPRINGS FL 34135

TITLE: ☐ Delete  
NAME:  
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CITY- ST- ZIP:

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TITLE: ☐ Delete  
NAME:  
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CITY- ST- ZIP:

10. ADDITIONS/CHANGES

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

TITLE: ☐ Change ☐ Addition  
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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 exemptions contained in Section 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:

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

Brian M. Geidner

3-1-07

239.948

Daytime Phone #