

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 27, 2006 8:00 am**  
**Secretary of State**

02-27-2006 90416 045 \*\*\*\*50.00

<b>DOCUMENT # L05000058404</b> 1. Entity Name ASAP STORAGE ON INDIAN PAINT LANE LLC	
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Principal Place of Business 2033 MAIN STREET SUITE 600 SARASOTA, FL 34237	Mailing Address 2033 MAIN STREET SUITE 600 SARASOTA, FL 34237
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**20010456**

2. Principal Place of Business 13701 Indian Paint Suite, Apt. #, etc.	3. Mailing Address PO Box 1753 Suite, Apt. #, etc.
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City & State Fort Myers, FL	City & State Lawrence KS
Zip 33912	Zip 66044
Country USA	Country USA

02062006 Chg-LLC CR2E083 (11/05)

4. FEI Number 20-2989105	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent PFLUGNER, J GEOFFREY 2033 MAIN STREET SUITE 600 SARASOTA, FL 34237	7. Name and Address of New Registered Agent Name J.E. Santaularia Street Address (P.O. Box Number is Not Acceptable) 1700 Ben Franklin Dr 12-D City Sarasota FL Zip Code 34236
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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 02/17/06
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Filing Fee is \$50.00 Due by May 1, 2006	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR JESSANTA, LLC 2033 MAIN STREET, SUITE 600 SARASOTA, FL 34237 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR J.E. Santaularia 1700 Ben Franklin Dr. 12-D Sarasota, FL 34236 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date 02/17/06 (785) 749-0000 Daytime Phone #
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