

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 27, 2006 8:00 am
Secretary of State

04-14-2006 90034 021 ****50.00

DOCUMENT # L05000076661					
1. Entity Name ACORN MINI STORAGE OF HOT SPRINGS LLC					
Principal Place of Business 430 LIVE OAK DRIVE VERO BEACH, FL 32963			Mailing Address 430 LIVE OAK DRIVE VERO BEACH, FL 32963		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 161729662	
5. Certificate of Status Desired ☐				Applied For Not Applicable	
8. Name and Address of Current Registered Agent SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145				7. Name and Address of New Registered Agent	
6. 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.				Name	
SIGNATURE _____				Street Address (P.O. Box Number is Not Acceptable)	
Filing Fee is \$50.00 Due by May 1, 2006				City FL Zip Code	
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES	
TITLE	MGR	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	FAHME, DAVID SR.		NAME		
STREET ADDRESS	430 LIVE OAK DRIVE		STREET ADDRESS		
CITY - ST - ZIP	VERO BEACH, FL 32963		CITY - ST - ZIP		
TITLE	ST	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	FAHME, DAVID SR.		NAME		
STREET ADDRESS	430 LIVE OAK DRIVE		STREET ADDRESS		
CITY - ST - ZIP	VERO BEACH, FL 32963		CITY - ST - ZIP		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE		☐ Delete	TITLE	☐ Change	☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
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TITLE		☐ Delete	TITLE	☐ Change	☐ Addition
NAME			NAME		
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TITLE		☐ Delete	TITLE	☐ Change	☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 118, 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 606, Florida Statutes.					
SIGNATURE: <u>David Fahme David Fahme</u>			4/12/06 772-589-6350		
SIGNATURE AND TYPED OR PRINTED NAME OF EXISTING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					