


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 27, 2007 8:00 am
Secretary of State

02-27-2007 90083 041 ****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
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2. Principal Place of Business - No P.O. Box # <i>189 Sebastian Blvd</i>	3. Mailing Address <i>189 Sebastian Blvd</i>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State <i>Sebastian FL</i>	City & State <i>Sebastian FL</i>
Zip <i>32958</i>	Country
Zip <i>32958</i>	Country



02122007 Chg-LLC CR2E083 (12/06)

4. FEI Number 16-1729662	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. 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 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

**Filing Fee is \$50.00
Due by May 1, 2007**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR FAHMIE, DAVID SR. 430 LIVE OAK DRIVE VERO BEACH, FL 32963 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>189 Sebastian Blvd Sebastian FL 32958</i>
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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

Daytime Phone #

DAVID FAHMIE

2/15/07 772 589 3552