


**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar 21, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L05000089978</b> 1. Entity Name <b>ACORN MINI STORAGE OF BOWLING GREEN LLC</b>	
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Principal Place of Business <b>189 SEBASTIAN BLVD SEBASTIAN, FL 32958</b>	Mailing Address <b>189 SEBASTIAN BLVD SEBASTIAN, FL 32958</b>
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**DO NOT WRITE IN THIS SPACE**



02132008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number <b>16-1732753</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**SPIEGEL & UTRERA, P.A.  
1840 SW 22ND ST.  
4TH FLOOR  
MIAMI, FL 33145**

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$138.75  
After May 1, 2008 Fee will be \$538.75**


U000000865462  
04/07/08-80029-019 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>MGR FAHMIE, DAVID 189 SEBASTIAN BLVD SEBASTIAN, FL 32958</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>ST FAHMIE, DAVID 189 SEBASTIAN BLVD SEBASTIAN, FL 32958</b>
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**DO NOT WRITE  
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:**  **3/17/08 772 5896350**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #