


**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 21, 2008 08:00 A
Secretary of State

DOCUMENT # L05000106913 1. Entity Name SUNDANCE SELF STORAGE OF RAMROD KEY, L.L.C.		
Principal Place of Business U.S. HIGHWAY 1 MM27 RAMROD KEY, FL 33042	Mailing Address 1901 S. TAMiami TRAIL SUITE A VENICE, FL 34293	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent EABLES, PATRICIA A ESQ. 608 WHITEHEAD STREET KEY WEST, FL 33040		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) Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE _____		
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75		
9. MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR JACQUES, CLOUTIER 1901 S. TAMiami TRAIL, SUITE A VENICE, FL 34293	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE 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 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: Kelly Holrahd KELLY HOLRAID 3/18/08 305-872-2211 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #		



03182008No Chg-LLC

CR2E083 (12/07)

4. FEI Number 20-4098897	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

U00000866669
04/08/08-80036-017 138.75

**DO NOT WRITE
IN THIS SPACE**