


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Aug 22, 2008 8:00 am**  
**Secretary of State**

08-22-2008 90011 022 \*\*\*138.75

<b>DOCUMENT # L06000077195</b>		
1. Entity Name FAIRGROUNDS U-STORE-IT, L.L.C.		

Principal Place of Business 411 N. NEW RIVER DR. E. <del>SUITE 403</del> <b>SUITE 402</b> FORT LAUDERDALE, FL 33301	Mailing Address 411 N. NEW RIVER DR. E. <del>SUITE 403</del> <b>SUITE 402</b> FORT LAUDERDALE, FL 33301
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**50009660**



2. Principal Place of Business - No P.O. Box # <b>411 N. NEW RIVER DR. E.</b> Suite, Apt. #, etc. <b>402</b>	3. Mailing Address <b>411 N. NEW RIVER DR. E.</b> Suite, Apt. #, etc. <b>402</b>
City & State <b>FT. LAUDERDALE FL</b>	City & State <b>FT. LAUDERDALE FL</b>
Zip <b>33301</b>	Country

08202008 Chg-LLC CR2E083 (12/06)

4. FEI Number <b>68-0639873</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  FALIN, JAMES R 411 N. NEW RIVER DR. E. <del>SUITE 403</del> <b>SUITE 402</b> FORT LAUDERDALE, FL 33301	7. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  City <b>FL</b> Zip Code
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$138.75 Due by September 12, 2008</b>	In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.	<b>Make check payable to Florida Department of State</b>
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FALIN, JAMES R 411 N NEW RIVER DR E #403 FORT LAUDERDALE, FL 33301 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FALIN, JAMES R. 411 N NEW RIVER DR E. #402 <input 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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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

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:** *J. Falin* **8/20/08** **954 678 1795**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #