file on s subject	or before May 1, 1999 or to a \$ 400.00 LATE FEE	Limited	Liability	Comp	any will be		ru FD		
	D LIABILITY COMPANY NNUAL REPORT 1999	LORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS			SECRETARY OF STATE DIVISION OF CORPORATIONS 99 APR 22 PM 2: 09				
\$ 188.		o: FLORI	DA DEPAR	TMENT	OF STATE				
Name and Mailing Address of Limited Liability Company DOCUMENT #				# L96000001065					
CENTRAL STORAGE OF ORLANDO				DO, L.L.C.		1a. Principal Place of Business Address			
4498 VINELAND RD ORLANDO FL 32811						4498 VINELAND RD ORLANDO FL 32811			
2 Principa	al Place of Business	ng Address			3. Date Organized or Qualified 3a. State of Formation				
						10/07/1996		FL	
Suite, Apt. #, etc.			Suite, Apt. #, etc.			4. FEI Number		1	
City & State			City & State			59~3400318		-	Applied For
				-	5 Date of Last F			6. Certificat	Not Applicable e of Status Desired
Zip	Country	Zip		Country		04/27/1			onal Fee Required
	7. Name and Address of Current	Registered	Agent	\	8. 1	lame and Address		tered Agent/	Office
4498 ORLA		Suite, Apt #, etc. City Florida Statutes, the above named limited li			Inability company submits this statement for the purpose of changing two vote of a majority of the members. Thereby accept the appointment				
as register	red agent, and accept the obligations.					Į.	DΛΙέ	•	
10. Title	Managing Members/Manager	Ot: Regulard A pot separate regreed when residence Business Street Address			<u> </u>	City.	State and Zi	p Code	
MGRM	CHASE, BRADLEY R	4498 VINELAND ROAD)	ORLANDO FL			
MEM	M MESSER, CARLOS			2105 PONTIAC ROAD			AUGURN HILLS MT		
мем	SCHELL, ARTHUR	2850 SCHERER, SUITE 500			E 500	ST. PETERSBURG FL			
						90	# ### -04/2' ****	:853 7/990 188.75	5.798 1069007 ****188.75
1									
1½ I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3) (i). Florida Statutes. Hurther certify that the information indicated on this annual 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, and that my name appears in Block 10, or on an attachment with an address.									
SIGNATURE: Broken Character V/20/99 107-246-1567 SIGNATURE: MARCHEN CONTROL OF STATE									