
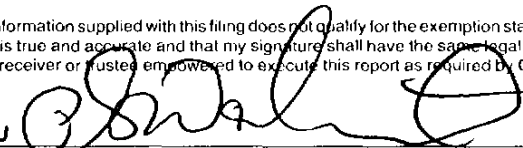


File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS		FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 99 FEB 25 AM 10:25	
FILING FEE \$ 188.75		Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE			
1. Name and Mailing Address of Limited Liability Company DOCUMENT # L98000001649 PODS PORTABLES ON DEMAND STORAGE, L.L.C. 12200 34TH STREET NORTH, SUITE D CLEARWATER FL 33762 <i>94-AR CM</i>				1a. Principal Place of Business Address 12200 34TH STREET NORTH, SUI CLEARWATER FL 33762	
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country		2a. Mailing Address Suite, Apt. #, etc. City & State Zip Country		3. Date Organized or Qualified 08/27/1998 4. FEI Number 59-3404869 5. Date of Last Report	
				3a. State of Formation FL <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable 6. Certificate of Status Desired \$8.75 Additional Fee Required <input type="checkbox"/>	
7. Name and Address of Current Registered Agent WARHURST, PETER S 12200 34TH STREET NORTH, SUITE D CLEARWATER FL 33762				8. Name and Address of New Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) 7000002796717-8 Suite, Apt. #, etc. 03/05/99-01118-001 ****188.75 ****188.75 City FL Zip Code	
9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.					
SIGNATURE _____ <small>(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required for each change.)</small>				DATE _____	
10. Title	Managing Members/Managers	Business Street Address		City, State and Zip Code	
MGRM	JPJ DEVELOPMENT, INC.	3 SEASIDE LANE # 801 209 COE ROAD		BELLEAIR FL 33756	
MGRM	VARO ESTATES, INC.	605 BAYVIEW DRIVE		BELLEAIR FL	
MGRM	DAVLIN INVESTMENTS, IN	10636 ALICO PASS		NEW PORT RICHEY FL	
MGRM	ONA, LLC	4194 HARBOUR HILLS BLVD		LARGO, FL 33770	
11. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), Florida Statutes. I further 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: 					
SIGNATURE AND TITLE OF PRESIDENT, MANAGER, MEMBER OR ORGANIZER					