

2000 UNIFORM BUSINESS REPORT (UBR)

0000632 AF

DOCUMENT # L98000001653
1. Entity Name
 STORAGE ACQUISITIONS, L.C.

FILED
 01 MAR 12 PM 4:03
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



Principal Place of Business 3250 MARY STREET, #306 MIAMI FL 33133
Mailing Address 3250 MARY STREET, #306 MIAMI FL 33133

2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country
3. Mailing Address Suite, Apt. #, etc. City & State Zip Country

4. FEI Number 65-0882476 Applied For Not Applicable
5. Certificate of Status Desired \$5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
 STEINFURTH, PAUL C
 3250 MARY STREET, #306
 MIAMI FL 33133

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City FL Zip Code

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.
 SIGNATURE *[Signature]* (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$50.00
 Make Check Payable to Department of State

9. MANAGING MEMBERS / MANAGERS	
TITLE NAME	MGR STEINFURTH, PAUL C <input type="checkbox"/> Delete
STREET ADDRESS	3250 MARY STREET, #306
CITY-ST-ZIP	MIAMI FL 33133
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY-ST-ZIP	

10. ADDITIONS/CHANGES	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	600003888666--3
CITY-ST-ZIP	-03/20/01--01088--003
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	600003888666--3
CITY-ST-ZIP	-03/20/01--01088--004
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	***150.00
CITY-ST-ZIP	***150.00
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	

REINSTATEMENT *[Signature]*

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: *[Signature]* **SIGNATURE REQUIRED**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER
 Date: 12/1/10 Daytime Phone #: 35 447-1307

CR2E083 (5/00)