

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

FILED

99 MAR 18 AM 11:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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FILING FEE \$ 188.75	Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE
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1. Name and Mailing Address of Limited Liability Company
DOCUMENT # L98000002273

JOG ASSOCIATES, LLC
3300 PGA BOULEVARD, SUITE 620
PALM BEACH GARDENS FL 33410-2811

1a. Principal Place of Business Address
3300 PGA BOULEVARD, SUITE 62
PALM BEACH GARDENS FL 33410

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

3. Date Organized or Qualified 10/16/1998	3a. State of Formation FL
4. FEI Number 65-0868926	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Date of Last Report	6. Certificate of Status Desired \$8.75 Additional Fee Required <input type="checkbox"/>

7. Name and Address of Current Registered Agent

MCINTOSH, ROBERT A
3300 PGA BOULEVARD, SUITE 620
PALM BEACH GARDENS FL 33410

8. Name and Address of New Registered Agent/Office

Name
188.75

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, etc.

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 _____ (Registered Agent Accepting Appointment) (NOTE: Registered Agent Signature required when resubmitted) DATE _____

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGR	SOUTHERN STORAGE MANAG	3300 PGA BOULEVARD, SUITE	PALM BEACH GARDENS F

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11. 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. 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: *RA McIntosh*

SIGNATURE AND TYPED OR PRINTED NAME OF SERVICE MANAGER, MEMBER OR MANAGER