

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 13, 2002 8:00 am**  
**Secretary of State**

0015158

**DOCUMENT # L98000002273**

1. Entity Name

**JOG STORAGE ASSOCIATES, LLC**

03-13-2002 90097 032 \*\*\*\*50.00

Principal Place of Business

**3300 PGA BOULEVARD, SUITE 620  
 PALM BEACH GARDENS FL 33410-2811**

Mailing Address

**3300 PGA BOULEVARD, SUITE 620  
 PALM BEACH GARDENS FL 33410-2811**

0005201J

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**65-0868926**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$5.00** Additional Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

**MCINTOSH, ROBERT A  
 3300 PGA BOULEVARD, SUITE 620  
 PALM BEACH GARDENS FL 33410-2811**

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**  
**Due By May 1, 2002**

9. MANAGING MEMBERS / MANAGERS

10. ADDITIONS / CHANGES

TITLE **MGR**  Delete  
 NAME **SOUTHERN STORAGE MANAGEMENT SYSTEMS, INC.**  
 STREET ADDRESS **3300 PGA BOULEVARD, SUITE 620**  
 CITY-ST-ZIP **PALM BEACH GARDENS FL 33410**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
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 CITY-ST-ZIP

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 CITY-ST-ZIP

11. I 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 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: *Robert A. McIntosh*

2/7/02

561-775-7393

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (9/01)