

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 20, 2003 8:00 am
Secretary of State

03-20-2003 90041 042 ****50.00

0028201

DOCUMENT # L98000002273



1. Entity Name
JOG STORAGE ASSOCIATES, LLC

Principal Place of Business Mailing Address
3300 PGA BOULEVARD, SUITE 620 **3300 PGA BOULEVARD, SUITE 620**
PALM BEACH GARDENS FL 33410-2811 **PALM BEACH GARDENS FL 33410-2811**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country



CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0868926** Applied For
Not Applicable

5. Certificate of Status Desired **\$5.00 Additional Fee Required**

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. I am familiar with, and accept the obligations of registered agent.

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 Florida Department of State
Due By May 1, 2003

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
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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* **REQUIRED**

Robert A. McIntosh
03/03/03 (561)775-7393

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

Date Daytime Phone #

CR2E083 (10/02)