

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 03, 2004 08:00 AM
Secretary of State

DOCUMENT # L98000002614

1. Entity Name
POWERS DRIVE SELF STORAGE, L.C.



Principal Place of Business
**2706 REW CIRCLE, SUITE 100
OCFEE, FL 34761**

Mailing Address
**P.O. BOX 27
OCFEE, FL 34761**

DO NOT WRITE IN THIS SPACE



03022004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number
59-3583866

Applied For
Not Applicable

5. Certificate of Status Desired



\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**WRIGHT, RAILEY & HARDING, P.A.
2716 REW CIRCLE, SUITE 102
OCFEE, FL 34761**

**DO NOT WRITE
IN THIS SPACE**

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

**Filing Fee is \$50.00
Due by May 1, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGR
RABOUD, RONALD
1139 OAKPOINT CIRCLE
APOPKA, FL 32712**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGR
COX, LAWRENCE E
1099 PARK AVE. N.
WINTER PARK, FL 32789**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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NAME
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CITY - ST - ZIP

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05/04/04-80148-006 50.00

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #