2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

00 JUN 28 AM 9:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L99000005005

1. Entity Name

~~KAROSAS FITNESS & SPA, L.L.C.~~

DIXIE SELF STORAGE, L.L.C.

NC filed 3/14/00

Principal Place of Business	Mailing Address
1635 LANDS END ROAD PT. MANALAPAN FL 33462	1635 LANDS END ROAD PT. MANALAPAN FL 33462-4761

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
3111 South Dixie Highway	3111 South Dixie Highway
Suite, Apt. # etc.: Suite 222	Suite, Apt. # etc.: Suite 222
City & State: West Palm Beach, FL	City & State: West Palm Beach, FL
Zip: 33405 Country: U.S.	Zip: 33405 Country: U.S.

4. FEI Number: 65-0946425 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
KAROSAS, LINDA L 1635 LANDS END ROAD PT. MANALAPAN FL 33462	Name: R. KAROSAS Street Address (P.O. Box Number is Not Acceptable): 1295 LANDS END RD City: MANALAPAN FL Zip Code: 33462

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: R. Karosas 4/17/00

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

9. MANAGING MEMBERS / MEMBERS			10. ADDITIONS / CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR KAROSAS, LINDA J 1635 LANDS END ROAD PT. MANALAPAN FL 33462	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition Linda L. Karosas, MGRM 3111 South Dixie Highway, Suite 222 West Palm Beach, FL 33405
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☒ Addition Raymond K. Karosas, MGR 3111 South Dixie Highway, Suite 222 West Palm Beach, FL 33405
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 300003315763--4 -07/07/00--01013--006 *****50.00 *****50.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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: R. Karosas SIGNATURE REQUIRED 4/17/00 (561) 835-3741

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER — Date — Daytime Phone #