

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 28, 2005 08:00 AM
Secretary of State

DOCUMENT # L99000006059

1. Entity Name

ACE STORAGE FACILITIES, LLC



Principal Place of Business

330 N. COMMONWELATH AVENUE
POLK CITY FL 33868

Mailing Address

P.O. BOX 856
POLK CITY FL 33868

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E083 (10/04)

4. FEI Number

59-3602328

Applied For

Not Applicable

5. Certificate of Status Desired



\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

FRASIER, DONALD W
845 BERKLEY ROAD
AUBURNDAL FL 33823

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, 2005

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM ☐ Delete
NAME FRASIER, DONALD W
STREET ADDRESS 845 BERKLEY ROAD
CITY-ST-ZIP AUBURNDAL FL 33823

TITLE MGRM ☐ Delete
NAME DUNN, BOBBY A
STREET ADDRESS 11751 DEEN STILL ROAD
CITY-ST-ZIP POLK CITY FL 33868

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

☐ Change ☐ Addition
000000278258
03/28/05-80017-025 55.00

☐ Change ☐ Addition

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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:

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

Bobby A. Dunn/Managing member

Date

Daytime Phone #

3-23-05