

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L99000006059

FILED  
Jun 24, 2009  
Secretary of State

**Entity Name:** ACE STORAGE FACILITIES, LLC

**Current Principal Place of Business:**

330 N. COMMONWELATH AVENUE  
POLK CITY, FL 33868

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 856  
POLK CITY, FL 33868

**New Mailing Address:**

FEI Number: 59-3602328      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

FRASIER, DONALD W  
845 BERKLEY ROAD  
AUBURNDALE, FL 33823      US

**Name and Address of New Registered Agent:**

FRASIER, DONALD W  
100 TWIN COVE  
AUBURNDALE, FL 33823      US

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:

06/24/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: FRASIER, DONALD W  
Address: 100 TWIN COVE  
City-St-Zip: AUBURNDALE, FL 33823

Title: MGRM ( ) Delete  
Name: DUNN, BOBBY A  
Address: 11751 DEEN STILL ROAD  
City-St-Zip: POLK CITY, FL 33868

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: BOBBY A. DUNN

MGRM

06/24/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date