

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Sep 08, 2004 08:00 AM
Secretary of State

DOCUMENT # L99000006193

1. Entity Name
STORAGE PARTNERS OF JUPITER, LLC



Principal Place of Business

**1787 SENTRY PARKWAY WEST
BLDG 16, STE 400
BLUE BELL, PA 19422**

Mailing Address

**1787 SENTRY PARKWAY WEST
BLDG 16, STE 400
BLUE BELL, PA 19422**



07062004 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 22-3704703	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**NORRIS, DAVID B
712 U.S. HIGHWAY ONE, STE 400
NORTH PALM BEACH, FL 33408**

**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 September 8, 2004**

000000171802

09/08/04-800006-012 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ATLANTIC COAST STORAGE PARTNERS LP 1787 SENTRY PKWY WEST BLDG 16 #400 BLUE BELL, PA 19422
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**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)(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, OR AUTHORIZED REPRESENTATIVE

8/24/04

Date

Daytime Phone # _____