

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 24, 2003 8:00 am**  
**Secretary of State**

01-24-2003 90254 043 \*\*\*\*\*50.00

UC59433

**DOCUMENT # L99000008740**

1. Entity Name

**CYPRESS SELF STORAGE, L.L.C.**



Principal Place of Business

**4836 BONITA BEACH RD., STE. 6  
BONITA SPRINGS FL 34134**

Mailing Address

**4836 BONITA BEACH RD., STE. 6  
BONITA SPRINGS FL 34134**

**20017009**

2. Principal Place of Business

**9220 BONITA BEACH RD**

Suite, Apt. #, etc.

**SUITE 101**

3. Mailing Address

**9220 BONITA BEACH RD**

Suite, Apt. #, etc.

**SUITE 101**



☒ CHECK HERE IF MAKING CHANGES

City & State

**BONITA SPRINGS, FL**

Zip

Country

**34135-4205**

**USA**

City & State

**BONITA SPRINGS, FL**

Zip

Country

**34135-4205**

**USA**

4. FEI Number

**59-3615524**

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$5.00 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**BORDNER, DONALD B  
4836 BONITA BEACH RD., STE. 206  
BONITA SPRINGS FL 34134**

7. Name and Address of New Registered Agent

Name

**BORDNER, DONALD B**

Street Address (P.O. Box Number is Not Acceptable)

**9220 BONITA BEACH RD**

**SUITE 101**

City

**BONITA SPRINGS**

**FL**

Zip Code

**34135-4205**

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, 2003**

9. MANAGING MEMBERS / MANAGERS

TITLE **MGR** ☐ Delete  
NAME **BORDNER, DONALD B**  
STREET ADDRESS **4836 BONITA BEACH RD., STE. 6**  
CITY-ST-ZIP **BONITA SPRINGS FL 34134**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
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TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS / CHANGES

TITLE **MGR** ☒ Change ☐ Addition  
NAME **BORDNER, DONALD B**  
STREET ADDRESS **9220 BONITA BEACH RD, SUITE 101**  
CITY-ST-ZIP **BONITA SPRINGS, FL 34135-4205**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 of the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

**Donal B. Bordner**

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

Date

Daytime Phone #

**1-12-03 339-448-2100**

CR2E083 (10/02)