

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 20, 2004 08:00 AM
Secretary of State
ck. # 5098

DOCUMENT # M01000002577 1. Entity Name AA ALPINE STORAGE-LAKE WORTH, LLC	
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Principal Place of Business 900 BARNETT DRIVE LAKE WORTH, FL 33461	Mailing Address 900 BARNETT DRIVE LAKE WORTH, FL 33461
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01072004 No Chg-LLC CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 87-0671449	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent FRAZIER, ROMAN 860 WEST INDUSTRIAL AVE BOYNTON BEACH, FL 33426

**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 take if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$50.00
Due by May 1, 2004**

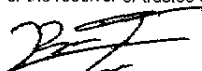
9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM FRAZIER, BOYDEAN B 74 E. 500 S. AMERICAN FORK, UT 84003
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM FRAZIER, AARON B 74 E. 500 S. AMERICAN FORK, UT 84003
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM FRAZIER, ROMAN M 74 E. 500 S. AMERICAN FORK, UT 84003
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01/20/04-80089-007 50.00

**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)(f), 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

01/12/04

Date

Daytime Phone #