2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 20, 2004 08:00 AM
Secretary of State
Ck # 5099

DOCUMENT # M01000002578

1. Entity Name
AA ALPINE STORAGE-BOYNTON LLC

Principal Place of Business	Mailing Address
860 WEST INDUSTRIAL AVE BOYNTON BEACH, FL 33426	860 WEST INDUSTRIAL AVE BOYNTON BEACH, FL 33426

DO NOT WRITE IN THIS SPACE

01072004 No Chg-LLC CR2E083 (10/03)

4. FEI Number
87-0671180
☐ 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

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by May 1, 2004

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	FRAZIER, BOYDEAN B
STREET ADDRESS	74 E. 500 S.
CITY-ST-ZIP	AMERICAN FORK, UT 84003
TITLE	MGRM
NAME	FRAZIER, AARON B
STREET ADDRESS	74 E. 500 S.
CITY-ST-ZIP	AMERICAN FORK, UT 84003
TITLE	MGRM
NAME	FRAZIER, ROMAN M
STREET ADDRESS	74 E. 500 S.
CITY-ST-ZIP	AMERICAN FORK, UT 84003
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/20/04-80089-006 50.00

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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: _____ 01/12/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #