

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)


FILED
Mar 29, 2005 8:00 am
Secretary of State

03-29-2005 90118 049 ****50.00

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1st MOORE CR2E083 (10/04)

DOCUMENT # M02000000498			
1. Entity Name AMERICAN SELF STORAGE, L.L.C.			
Principal Place of Business 99 LOVEJOY RD. FORT WALTON BEACH FL 32548		Mailing Address 512 MONTGOMERY HWY VESTAVIA HILLS AL 35216	
2. Principal Place of Business		3. Mailing Address 2221 Victory Lane	
Suite, Apt. #, etc.		Suite, Apt. #, etc. Suite A	
City & State		City & State Hoover, AL 355	
Zip	Country	Zip	Country
35216		35216	Sedgerson
4. FEI Number 69-0012128		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent ROBERTS, JAMES 99 LOVEJOY RD FT WALTON BEACH FL 32548		7. Name and Address of New Registered Agent Name: Tanya Shorelas Street Address (P.O. Box Number is Not Acceptable): 1008 Toluka Dr City: Eglin AFB FL Zip: 32542	
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: Tanya Shorelas 1008 Toluka Dr Eglin AFB, FL 32542 2/7/05 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE			
<div style="border: 1px solid black; padding: 5px; text-align: center;"> FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2005 </div>			
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM PANKEY, PAUL M JR 512 MONTGOMERY HWY VESTAVIA HILLS AL 35216 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Tanya Shorelas		Date: 2/7/05 850 651-4035	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Daytime Phone #	