

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 23, 2004 8:00 am
Secretary of State

02-23-2004 90343 042 ****50.00

DOCUMENT # M02000003236					
1. Entity Name SPACE STOR SELF STORAGE MANAGEMENT, LLC					
Principal Place of Business 10715 SIKES PLACE, SUITE 120 STE 120 CHARLOTTE, NC 28277			Mailing Address 10715 SIKES PLACE, SUITE 120 CHARLOTTE, NC 28277		
2. Principal Place of Business 2615 S. University Dr. Suite, Apt. #, etc.		3. Mailing Address P.O. Box 15728 Suite, Apt. #, etc.			
City & State Davie, Florida Zip 33328 Country USA		City & State Plantation, Florida Zip 33318-5728 Country USA		4. FEI Number 75-3056525	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent KERPER, RICHARD G 2430 ESTANCIA BOULEVARD, SUITE 101B STE 101B CLEARWATER, FL 33761			7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2004		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BRIGHAM, EDWARD J.P. 10715 SIKES PLACE, SUITE 120 CHARLOTTE, NC 28277	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KERPER, RICHARD G 2430 ESTANCIA BOULEVARD, SUITE 101B CLEARWATER, FL 33761	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KERPER, RICHARD G 2430 ESTANCIA BLVD STE 101B CLEARWATER, FL 33761	<input checked="" type="checkbox"/> Delete Duplicate		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR STELNIK, MARK E 2615 S. UNIVERSITY DR DAVIE, FL 33328	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:		Mark E. Stelnik, Mgr 2/2/04 954 474-2800			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #					