

2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT

FILED
Mar 12, 2004 8:00 am
Secretary of State

03-12-2004 90228 006 ****50.00

DOCUMENT # M03000003981



1. Entity Name
LAKE OSBORNE SELF STORAGE, LLC

Principal Place of Business
**% WOODBURN AND WEDGE
6100 NEIL ROAD, SUITE 500
RENO, NV 89511-1149**

Mailing Address
**% WOODBURN AND WEDGE
6100 NEIL ROAD, SUITE 500
RENO, NV 89511-1149**

24019595



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02052004 Chg-LLC CR2E083 (10/03)

4. FEI Number

20-0383659

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WEBB, RICHARD S
TWO TAMiami TRAIL, SUITE 500
SARASOTA, FL 34236**

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

Signature, typed or printed name of registered agent and title if applicable.

(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
WILLIAMS, DALE A
% WOODBURN AND WEDGE, 6100 NEIL ROAD #500
RENO, NV 895111149** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
BRENNING, LORI
% WOODBURN AND WEDGE, 6100 NEIL ROAD #500
RENO, NV 895111149** ☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ 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:

Lori Brenning **Lori Brenning**

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

2/14/03

Date

916/989-2800

Daytime Phone #