

**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 25, 2005 08:00 AM**  
**Secretary of State**

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

91500



02022005 No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

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**

WEBB, RICHARD S IV ESQ  
2033 MAIN STREET SUITE 600  
SARASOTA, FL 34237

**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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00  
Due by May 1, 2005**

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
MGR  
WILLIAMS, DALE A  
% WOODBURN AND WEDGE, 6100 NEIL ROAD #500  
RENO, NV 895111149

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

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
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TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

U00000327335  
04/25/05-80033-022 50.00

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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

DATE

Daytime Phone #

Lori Brenning 4-18-05 916-989-2800