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

2004 LIMITED LIABILITY COMPAN ANNUAL REPORT	1.A

DOCUMENT # M0300004025 1. Entity Name LONGWOOD STOR-IT, LLC						03-12-2004	4 90228 00)8 ****5(0.00	
Principal Place of Business % WOODBURN AND WEDGE 6100 NEIL ROAD, SUITE 500 RENO, NV 89511-1149 2. Principal Place of Business		Mailing Address % WOODBURN AND WEDGE 6100 NEIL ROAD, SUITE 500 RENO, NV 89511-1149 3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.			02052004	Chg-LLC		3 (10/03)		
City & State		City & State		4. FEI Numb	er 20,-03929	22	<u> </u>	plied For t		
Zip	Country Zip Co		Count	try	5. Certificate	of Status Desired	П (5.00 Add	itional	
	6. Name and Address of Curren	t Registered Agent			7. Name and	d Address of New I				
				Name						
	JHARD S IAMI TRAIL, SUITE 500 A, FL 34236			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						l .	ke check pa la Departme	•	,,	
	44414 O(NO 146146	2500 (444) 4 0500	140			ADDITIONS	LOUANOEO			
9. TITLE	MANAGING MEME	Delete	TITLE	:		ADDITIONS	/CHANGES	☐ Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP	WILLIAMS, DALE A % WOODBURN AND WEDGE, 6100 NEIL ROAD, #500 STR			l l				_ onunge		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Delete			E Et adoress -St-Zip				☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete			E Et address -st-zip				☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	•					☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete						Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete						☐ Change	☐ 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. **Managing Member** **Managing Member** **Additional Control of 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. **Managing Member** **Managing Member** **Additional Control of the Information Statutes of the Information indicated on this report is true 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 Information indicated as if made under oath; that I am a managing member or manager of the Information indicated as if made under oath; that I am a managing member or manager of the Information indicated as if made under oath; that I am a managing member or manager of the Information indicated as if made under oath; that I am a managing member or manager of the Information indicated as if made under oath; that I am a managing member or manager of the Information indicated as if made under oath; that I am a managing member or manager of the Information indicated as if made under oath; that I am a managing member or manager of the Information indicated as if made under oath; the Information indicated as if made under oath; the Information in										
SIGNATURE: SIGNATURE: SIGNATURE OF SIGNING MANAGING MANAGER, OR AUTHORIZED REPRESENTATIVE Date Doyling Prioric of Doyling Prioric of Dayling Prior										