

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-01-2004 90219 033 ****50.00

2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # Z00295			
1. Entity Name TORONTO STORAGE GROUP, L.C.			
Principal Place of Business 2106 BISPHAM ROAD, SUITE B SARASOTA, FL 34231		Mailing Address 2106 BISPHAM ROAD, SUITE B SARASOTA, FL 34231	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent PATTERSON, JOHN 48 NORTH WASHINGTON BLVD. SUITE 1 SARASOTA, FL 34236		7. Name and Address of New Registered Agent Name <u>LPS Corporate Svcs Inc.</u> Street Address (P.O. Box Number is Not Acceptable) <u>46 N. Washington Blvd</u> City <u>Sarasota</u> <u>FL</u> Zip Code <u>34236</u>	
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 <u>[Signature]</u> <u>President</u> DATE <u>3/21/04</u> Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing)			
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	<u>MANAGER</u> <u>891157 ONTARIO, INC.</u> <u>78 QUEENSTON RD</u> <u>HAMILTON, ONTARIO,</u>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>MANAGER</u> <u>159289 Ontario Inc</u> <u>78 Queenston Rd</u> <u>Sarasota, Hamilton, Ont. CANADA</u>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>MGRM PARTNER</u> <u>ENDINGS HOLDINGS INC.</u> <u>158 WARREN ROAD</u> <u>TORONTO, ONTARIO, CN</u>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>MGR</u> <u>Donald Greer</u> <u>Savin Inc.</u> <u>46 N. Washington Blvd, Sarasota, FL 34236</u>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>78 PARTNER</u> <u>LOUGHEED, RONALD S.</u> <u>44 BLUERIDGE RD</u> <u>WILLOWDALE, ONTARIO,</u>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>38 PARTNER</u> <u>ONTARIO 891382 LTD</u> <u>60 LAURENTIDE DRIVE</u> <u>DON MILLS, ONTARIO,</u>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>MAN PARTNER</u> <u>FARRELL, JERRY H.</u> <u>1800 181 BAY ST. BCE PLACE</u> <u>TORONTO, ONTARIO,</u>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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 606, Florida Statutes. SIGNATURE: <u>[Signature]</u> <u>Donald Greer 3/23/04</u> <u>941 924 8786</u> SIGNATURE AND TYPED OR PRINTED NAME OF BUSINESS MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE DATE Daytime Phone #			