FILE NOW: Fee after May 1, will be \$588.75



Daytime Phone #

| · ANNUAL | | | | ndra B. N Secretary o ON OF COF | | | 97 APR 28 | 3 PM 1:21 | |
|--|---|---|---------------------------|---------------------------------------|--|--|--|---|--|
| | 0 + \$103.75 o: FLORI | SECRETARY OF STATE TALLAHASSEE, FLORIDA | | | | | | | |
| Name and Mailing / of Limited Liability C | Address DOCU | MENT | # ₂₀₀ | 583 | | | | , | |
| 2106 BI SUITE B | TER STORAGE (SPHAM ROAD A FL 34231 | 1a. Principal Place of Business Address 2106 BISPHAM ROAD SUITE B SARASOTA FL 34231 | | | | | | | |
| If above mailing address is incorrect in any way, line through incorrect | | | | | orrection in Block 2a. | 3. Date Organize | nd or Qualified | 3a. State of Formation | |
| 2. Principal Place of Business 2a. | | | Mailing Address | | | | | | |
| Suite, Apt. #, etc. | | | Suite, Apt. #, etc. | | | -06/02/1992 FL 4. FEI Number Applied For | | | |
| City & State | City & State | | | | 59-3182623 Not Applica | | | | |
| Ζιρ | Country | Zip | | Cou | ntry | 5. Date of Last F | | 6. Certificate of Status Desired SB 75 Antitional Lee Required | |
| 7. Nar | ne and Address of Current | Registered | Agent | | | B. Name and Address of New R | | egistered Agent | |
| SUITE 1 SARASOTA FI 9. Pursuant to the pro- its registered office or r | visions of Sections 608.416 a egistered agent, or both, in the nd accept the obligations. | and 608.508 | , Florida S rida. Such | Statutes, the change was | Suite, Apt. #, et City above-named limite | d liability company s ative vote of a majorit | FL ubmits this state ty of the member | Zip Code ment for the purpose of changing s. I hereby accept the appointment | |
| SIGNATURE | (Registered Agent Accepting A | Appointment) (I | NOTE: Registe | | | ng) | | | |
| 10. Title | fanaging Members/Managers | S | | Busi | ness Street Address | 3 | City | , State and Zip Code | |
| M AARTS, | TONY CAN HOLDINGS | • | R.R. | #1 | - | (| hans | , CANADA , CANADA 1631181 /97-01051-002 03.75 ****203.75 | |
| indicated on this annua | il report is true and accurate a y or the receiver or trustee en | ind that my i | signature : | shall have th | e same legal effect of required by Chapte | as if made under oath r 608, Florida Statute | | Oluw 42897 Ifurther certify that the information naging member or manager of the ame appears in Block 10, or on an | |

| SI | Gl | NA | ١T/ | J | R | E |
|----|----|----|-----|---|---|---|
|----|----|----|-----|---|---|---|

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER