

COVER LETTER

TO: Registration Section
Division of Corporations
SUBJECT: A-A-A STORAGE HWY 27, LP
(Name of Limited Partnership or Limited Liability Limited Partnership)

DOCUMENT NUMBER: B05000000508

The enclosed Statement of Change of Registered Office and/or Registered Agent and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

ANDREW BURSK

(Contact Person)

A-A-A STORAGE LLC

(Firm/Company)

4203 SPINNAKER COVE

(Address)

AUSTIN, TX 78731

(City, State and Zip Code)

For further information concerning this matter, please call:

ANDREW BURSK

(Name of Contact Person)

at (512) 947-7934

(Area Code and Daytime Telephone Number)

Enclosed is a \$35.00 check made payable to the Florida Department of State.

STREET ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

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2007 APR 27 AM 10:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

**LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP
STATEMENT OF CHANGE OF REGISTERED OFFICE OR
REGISTERED AGENT, OR BOTH**

Pursuant to the provisions of section 620.1115, Florida Statutes, the undersigned limited partnership or limited liability limited partnership submits the following statement in order to change its registered office or registered agent, or both, in the state of Florida.

1. A-A-A STORAGE HWY 27, LP

Name of Limited Partnership or Limited Liability Limited Partnership

2. 11/22/2005

Date of filing/registration in Florida

3. B05000000508

Florida document number

4. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

CT CORPORATION SYSTEM

Name

1200 SOUTH PINE ISLAND ROAD

Address

PLANTATION, FL 33324

City, State and Zip

5. The name and Florida street address of the new registered agent and/or office:

JOHN MUHICH

Name

995 N HWY 27

Florida street address (P.O. Box not acceptable)

MINNEOLA

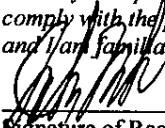
FL 34715

City, State and Zip

6. Such change(s) is/are effective when filed by the Florida Department of State.


Signature of General Partner

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.


Signature of Registered Agent

Filing Fee: \$35.00
Certified Copy (optional): \$52.50

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