2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Apr 29, 2005 8:00 am Secretary of State

DOCUMENT # L01000020781 1. Entity Name PUBLIC STORAGE KENDALE LAKES, LLC						04-29-2005	90061 00)5 ****5(0.00
Principal Place % PUBLIC ST 701 WESTER GLENDALE, C	FORAGE, INC. In Avenue	Mailing Address % Public Storage, IN 701 Western Avenue Glendale, CA 91201	c. Us] 	1101 UNH ANN ARM RAN			en tan k a n
2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04262005	Chg-LLC CR2E083 (10/03)				
City & State		City & State		4. FEI Number Applied For 65-1158128 Not Applicable					
Zip	Country	Zip	Count	try	5. Certificate	of Status Desired		5.00 Add ee Required	
	6. Name and Address of Current	Registered Agent			7. Name and	Address of New R	legistered A	gent	-
NRAI SER	VICES, INC.			Name					
2731 EXECUTIVE PARK DRIVE, SUITE 4 WESTON, FL 33331				Street Address	(P.O. Box Numbe	er is Not Acceptable	9) 		
				City				Zip Code	e
8. The above	named entity submits this statement for	r the purpose of changing its	registere	-	red agent, or bot	th, in the State of Flo	FL orida. I am fa		
the obligat	ions of registered agent.		•					,	
SIGNATURE .	Signature, typed or printed name of registered agent	and title if applicable. (NOTE	: Registered	d Agent signature require	d uman reinstation)		DATE		
					a milati (constating)		07.10		
Fi Di	iling Fee is \$50.00 ue by May 1, 2005				o whom (on sealing)		te check pa a Departme		e
Fi Di	iling Fee is \$50.00 ue by May 1, 2005 MANAGING MEMBE	RS/MANAGERS	10.		o and to to to the		te check pa a Departme		€
D:	ue by May 1, 2005	☐ Delete	10. TITLE NAMI STRE	·····	, and the sage of	Florida	te check pa a Departme /CHANGES		Addition
9. TITLE NAME STREET ADDRESS	MANAGING MEMBE MGRM PS HKBF, LLC 201 S. BISCAYNE BLVD., SUITE	☐ Delete	10. IITLE NAMM STRE CITY TITLE NAMM STRE	E E Et adoress -St-Zip	, and the sage of	Florida	te check pa a Departme	nt of State	
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	MANAGING MEMBE MGRM PS HKBF, LLC 201 S. BISCAYNE BLVD., SUITE	☐ Delete	10. TITLE NAMI STRE CITY TITLE NAMI STRE CITY TITLE NAMI STRE	E E E E E E E E E E E E E E E E E E E		Florida	te check pa a Departme /CHANGES	Change	☐ Addition
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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.

SIGNATURE: Alama Draw Adama VP-Cora Gan Ptr of Managing Member 4/14/4005 818-244-8080
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Date

Optime Phone #