


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 25, 2007 8:00 am**  
**Secretary of State**

04-25-2007 90041 015 \*\*\*\*50.00

<b>DOCUMENT # L05000000976</b> 1. Entity Name <b>LANDMARK SELF STORAGE I, LLC</b>					
Principal Place of Business <b>2875 N.E. 191 STREET, SUITE 400 AVENTURA, FL 33180</b>			Mailing Address <b>2875 N.E. 191 STREET, SUITE 400 AVENTURA, FL 33180</b>		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		01182007 Chg-LLC CR2E083 (12/06)	
4. FEI Number <b>20-2104104</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$5.00 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>		
<b>PAPADAKIS, JOAN</b> <b>2875 N.3. 191ST ST</b> <b>SUITE 400</b> <b>AVENTURA, FL 33180</b>			Name Street Address (P.O. Box Number is Not Acceptable) City		
State: <b>FL</b> Zip Code			State: <b>FL</b> 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: <u>Joan Papadakis</u> (NOTE: Registered Agent Signature required when reinstating) DATE: <u>3/15/07</u>					
<b>Filing Fee is \$50.00 Due by May 1, 2007</b>			<b>Make check payable to Florida Department of State</b>		
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM. LANDA, WILLIAM 2875 N.E. 191ST STREET, STE. 511 AVENTURA, FL 33180	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LANDA, MICHAEL 2999 N.E. 191ST STREET, STE 906 AVENTURA, FL 33180	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GORDON, MARK J 2875 N.E. 191ST ST., STE 400 AVENTURA, FL 33180	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GORDON, MARK J 2875 N.E. 191ST ST., STE 400 AVENTURA, FL 33180	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GORDON, MARK J 2875 N.E. 191ST ST., STE 400 AVENTURA, FL 33180	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GORDON, MARK J 2875 N.E. 191ST ST., STE 400 AVENTURA, FL 33180	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GORDON, MARK J 2875 N.E. 191ST ST., STE 400 AVENTURA, FL 33180	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u>Joan Papadakis</u> <u>JOAN PAPADAKIS</u> <u>3/15/07</u>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #					