

**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Mar 06, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # L06000088527**

1. Entity Name  
**PRESIDENTIAL SELF STORAGE I, LLC**



Principal Place of Business  
**2875 N.E. 191 STREET, SUITE 400  
 AVENTURA, FL 33180**

Mailing Address  
**2875 N.E. 191 STREET, SUITE 400  
 AVENTURA, FL 33180**



01102008No Chg-LLC CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>20-5522721</b>	Applied For Not Applicable
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5. Certificate of Status Desired  **\$5.00 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**PAPADAKIS, JOAN  
 2875 NE 191ST STREET  
 SUITE 400  
 AVENTURA, FL 33180**

**DO NOT WRITE  
 IN THIS SPACE**

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$138.75  
 After May 1, 2008 Fee will be \$538.75**

**9. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GORDON, MARK J 2875 NE 191ST ST STE 400 AVENTURA, FL 33180
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 03/21/08-80002-023 138.75

**DO NOT WRITE  
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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:**

*Mark J. Gordon*  
**Mark J. Gordon**

**2/12/08**

**(305) 370-7100**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #