File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.									
	D LIABILIT ANNUAL R 199		LORIDA DEPARTMENT OF STATE Kûtherine Harris Secretary of State				del Elizip		
FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee							e l	95 //20 0/	6 711 8: 15
\$ 188.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE 1. Name and Mailing Address of Limited Liability Company DOCUMENT # M98000000494									
of Limit	and Mailing Ad- ted Liability Co-	mpany DOCU	MENT						
STORAGEWORLD PROPERTIES GP NO. 1,						LLC	1a. Principal Place of Business Address		
C/O CHADWICK, SAYLOR & CO., INC. 11601 WILSHIRE BLVD., STE. 2240 LOS ANGELES CA 90025							C/O CHADWICK, SAYLOR & CO., 11601 WILSHIRE BLVD., STE. 2 LOS ANGELES CA 90025		
2 Principal Place of Business 2a. Ma				ailing Address			3. Date Organia	ed or Qualified	3a. State of Formation
							05/20/	1998	DE
Suite, Apt. #, etc.			Suite, Apt. #, etc.				4. FEI Number		Applied For
City & Stat	City & State			City & State					Not Applicable
Zip	Country		Zip		Count	гу	5. Date of Last		6. Certificate of Status Desired S8 75 Additional Fee Required
	7. Name	and Address of Current	Agent			Name and Addre	ss of New Regis	Blered Agent/Office	
701 1		REGISTERE, LL AVE., STE		OR	Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc.				
						City Zip Code			Zip Code
a. Pursua	zions of Sections 608.416 a	Florida Statute	es the al	bove-pamed limited liability company submits this statement for the number of changing					
9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. Thereby accept the appointment as registered agent, and accept the obligations.									
SIGNATU	RE	(Registered Agent Accepting A	Appointment) (N	ICITE Registered Agr	ent signatur	te required when rejusti	Crus	DATE	
10. Title				Business Street Address				City	, State and Zip Code
MGRM	STORAG	11601 WILSHIRE BLVD., STE			LVD., STE	. LOS ANGELES CA			
							1,	1 ~05/0	PARR4R12 17/9901020016 197_50 ****197.50
indicated o limited liab	on this annual re	eport is true and accurate a or the receiver or trustee em	nd that my si	ignature shall h	ave the s	same legal effect	as if made under oat	h; that I am a ma	I further certify that the information naging member or manager of the ame appears in Block 10, or on an

SIGNATURE: WIND GROUPE ME THE DOP PRINTED HAME OF SIGNING MANAGERS MEMBER OF MANAGERS AND MANAGERS AND MANAGERS AND MANAGERS MEMBER OF MANAGERS MEMBER OF MANAGERS AND MANAGERS AND MANAGERS MEMBER OF MANA