~~2000~~ UNIFORM BUSINESS REPORT (UBR)

APPROVED AND FILED

00 JUN 21 AM 9:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M98000000494

1. Entity Name
STORAGEWORLD PROPERTIES GP NO. 1, LLC

Principal Place of Business	Mailing Address
C/O CHADWICK, SAYLOR & CO., INC. 11601 WILSHIRE BLVD., STE. 2240 LOS ANGELES CA 90025	C/O CHADWICK, SAYLOR & CO., INC. 11601 WILSHIRE BLVD., STE. 2240 LOS ANGELES CA 90025-1758

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
33 S. CATALINA AVE	33. S. CATALINA AVE
Suite, Apt. #, etc.: SUITE 201	Suite, Apt. #, etc.: SUITE 201
City & State: PASADENA CA	City & State: PASADENA CA
Zip: 91106 / Country: US	Zip: 91106 / Country: US

4. FEI Number ~~APPLIED FOR~~ 95-4806631 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
INTRASTATE REGISTERED AGENT CORPORATION 701 BRICKELL AVE., STE. 3000 MIAMI FL 3331	Name Street Address (P.O. Box Number is Not Acceptable) City FL 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.

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 $50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM STORAGEWORLD, L.P. 11601 WILSHIRE BLVD., STE. 2240 LOS ANGELES CA 90025 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☑ Change ☐ Addition 33 S CATALINA AVE SUITE 201 PASADENA CA 91106
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 400003301994--0 -06/23/00--01004--005 *****55.00 *****55.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: SIGNATURE REQUIRED — SEE ATTACHED SIGNATURE PAGE 4/27/00 (626) 653 3352
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER — Date — Daytime Phone #