2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 05, 2005 8:00 am
Secretary of State
04-22-2005 90051 036 ****50.00

DOCUMENT # M98000000494

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

Principal Place of Business
4754 STATE RD. 64 EAST
BRADENTON, FL 34208

Mailing Address
4754 STATE RD. 64 EAST
BRADENTON, FL 34208

30009932

2. Principal Place of Business
AEW Capital Management
World Trade Center East
Two Seaport Lane
Boston, MA 02210-2021
Attn: Beth LePage

3. Mailing Address
AEW Capital Management
World Trade Center East
Two Seaport Lane
Boston, MA 02210-2021
Attn: Beth LePage

06282005 Chg-LLC CR2E083 (10/03)

4. FEI Number
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
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324	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. 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

Filing Fee is $50.00
Due by September 7, 2005

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM STORAGEWORLD, L.P. 4754 STATE RD. 64 EAST BRADENTON, FL 34208	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM AEW Capital Management World Trade Center East Two Seaport Lane Boston, MA 02210-2021 Attn: Beth LePage	☒ 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: [signature] (S.L. Pioterek) 6/28/05 941-773-4727
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #