


## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

<b>DOCUMENT # P97000073070</b> 1. Entity Name <b>TURNBERRY SELF STORAGE, INC.</b>	
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FILED

2007 MAY 18 P 3: 34

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business <b>19950 WEST COUNTRY CLUB DRIVE TENTH FLOOR AVENTURA, FL 33180 US</b>	Mailing Address <b>19950 WEST COUNTRY CLUB DRIVE TENTH FLOOR AVENTURA, FL 33180 US</b>
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2. Principal Place of Business - No P.O. Box # <b>19501 Biscayne Blvd.</b>	3. Mailing Address <b>19501 Biscayne Blvd.</b>
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Suite, Apt. #, etc. <b>Suite 400, Attn. Legal Dept.</b>	Suite, Apt. #, etc. <b>Suite 400, Attn. Legal Dept.</b>
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03212007 Chg-P CR2E034 (12/06)

City & State <b>Aventura, FL 33180</b>	City & State <b>Aventura, FL 33180</b>	4. FEI Number <b>65-0779117</b>	Applied For Not Applicable
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Zip <b>33180</b>	Country US	Zip <b>33180</b>	Country US
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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<b>6. Name and Address of Current Registered Agent</b>  ROMINE, MARIO A 19950 WEST COUNTRY CLUB DRIVE TENTH FLOOR AVENTURA, FL 33180	<b>7. Name and Address of New Registered Agent</b>  Name <b>Lori R. Hartglass</b>  Street Address (P.O. Box Number is Not Acceptable) <b>19501 Biscayne Blvd.</b>  <b>Suite 400, Attn. Legal Dept.</b>  City <b>Aventura</b> <b>FL</b> Zip Code <b>33180</b>
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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 *Lori R. Hartglass* \_\_\_\_\_ DATE \_\_\_\_\_

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

FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE	D / IP <input type="checkbox"/> Delete
NAME	SOFFER, JEFFREY M
STREET ADDRESS	19950 WEST COUNTRY CLUB DRIVE, TENTH FLOOR
CITY - ST - ZIP	AVENTURA, FL 33180
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D/VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Soffer, Jacquelyn
STREET ADDRESS	19501 Biscayne Blvd., 4th Floor
CITY - ST - ZIP	Aventura, FL 33180
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

12. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* \_\_\_\_\_ DATE 4-27-07 \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

800103412228  
05/29/07--01004--031 \*\$50.00