

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 10, 2006 8:00 am
Secretary of State

05-10-2006 90018 049 ****50.00

DOCUMENT # L98000001416

1. Entity Name
ACCESS SELF STORAGE SE LLC



Principal Place of Business
**2152 - 14TH CIRCLE NORTH
ST. PETERSBURG, FL 33713**

Mailing Address
**2152 - 14TH CIRCLE NORTH
ST. PETERSBURG, FL 33713**

20045576



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04172006 Chg-LLC CR2E083 (11/05)

City & State

City & State

4. FEI Number
59-3526107

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**HUMPHRIES, J. BOB
501 E. KENNEDY BLVD., SUITE 1700
TAMPA, FL 33602**

Name **J. Bradford Hines**
Street **100 2nd Avenue South**
Suite 301N
City **St. Petersburg, FL 33701**
Zip Code **FL**

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 *J. Bradford Hines*

5/1/06

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 May 1, 2006**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE **MGR** ☐ Delete
NAME **WILCOX, DOUGLAS**
STREET ADDRESS **2501 NORTHWEST 66TH COURT**
CITY-ST-ZIP **GAINESVILLE, FL 32653**

TITLE **MGR** ☐ Delete
NAME **SCHERER, CLARK H III**
STREET ADDRESS **2152 14TH CIRCLE NORTH**
CITY-ST-ZIP **ST. PETERSBURG, FL 33713**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

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TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

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: *J. Bradford Hines*

5/1/06

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

Date

Daytime Phone #