

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Sep 07, 2007 8:00 am
Secretary of State

09-07-2007 90045 032 ****50.00



DOCUMENT # M06000007085

1. Entity Name
STORAGE PARTNERS OF MIRAMAR, LLC

Principal Place of Business Mailing Address
3424 PEACHTREE ROAD, N.E. STE 1500 ATLANTA GA 30326



2. Principal Place of Business - No P.O. Box # 3. Mailing Address
1787 Sentry Parkway West

Suite, Apt. #, etc. Suite, Apt. #, etc.
Building 16, Suite 400

City & State City & State
Blue Bell, PA

Zip Country Zip Country
19422 USA

2nd MOORE CR2E083 (4/07)

4. FEI Number **20-8058206** 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By September 5, 2007

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR <input type="checkbox"/> Delete INDUSTRIAL DEVELOPMENT INTERNATIONAL, INC. 3424 PEACHTREE ROAD, N.E. STE 1500 ATLANTA GA 30326	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Bob Esslinger 8/30/07 215 274 2262
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #