2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 03, 2008 08:00 A
Secretary of State

DOCUMENT # L98000001416

1. Entity Name
ACCESS SELF STORAGE SE LLC

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

DO NOT WRITE IN THIS SPACE

01232008 No Chg-LLC CR2E083 (12/07)

4. FEI Number
59-3526107
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

HINES, J. BRADFORD
100 SECOND AVENUE SOUTH
SUITE 301N
SAINT PETERSBURG, FL 33701

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

FILE NOW!!! FEE IS $138.75
After May 1, 2008 Fee will be $538.75

000000245192
03/13708-00029-014 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	WILCOX, DOUGLAS
STREET ADDRESS	2501 NORTHWEST 66TH COURT
CITY-ST-ZIP	GAINESVILLE, FL 32653
TITLE	MGR
NAME	SCHERER, CLARK H III
STREET ADDRESS	2152 14TH CIRCLE NORTH
CITY-ST-ZIP	ST. PETERSBURG, FL 33713
TITLE	
NAME	
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NAME	
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CITY-ST-ZIP	

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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: Clark H Scherer III 2/26/08 7273271089
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #