FILED

## 2003 LIMITED LIABILITY COMPANY **UNIFORM BUSINESS REPORT (UBR)**

SIGNATURE AND TYPED OR PI

## May 05, 2003 8:00 am Secretary of State DOCUMENT # L0000001161 05-05-2003 92173 027 \*\*\*\*50.00 AMERICA'S SELF STORAGE LLC Principal Place of Business Mailing Address 701 BRICKELL AVE., SUITE 3000 701 BRICKELL AVE., SUITE 3000 MIAMI FL 33131 MIAMI FL 33131 3. Mailing Address 2. Principal Place of Business 1111 Brickell Avenue 444 Brickell Avenue Suite, Apt. #, etc. Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES Suite 2500 Suite, 900 orida 4. FEI Number Applied For City & State City & State 65-0978759 Not Applicable Miami, Florida Miami, Florida Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 33131 USA 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CØRPØRATION INTERSTATE REGISTERED AGENT Stuart K. Hoffman, Esq. Street Address (P.O. Box Number is Not Acceptable) 701 BRICKELL AVE., SUITE 3000 **MIAMI FL 33131** 1111 Brickell Avenue, Suite 2500 City Zip Code Miami. the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept 8. The above named entity ubmit the obligations of registe SIGNATURE Signature, typed printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2003 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES MGRM **MGRM** TITLE K Change Addition TITLE ☐ Delete NAME BIGAL CORP. NAME Bigal Corp. 444 Brickell Avenue, Suite 900 STREET ADDRESS 701 BRICKELL AVE., SUITE 3000 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE Miami, Florida 33131 MIAMI FL 33131 ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete Change ☐ Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-7IP ☐ Delete ☐ Change \* Addition TITLE TITLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition TITLE ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF ☐ Change ☐ Addition TITLE ☐ Detete TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 eport as required by Chapter 608, Florida Statutes.

VEMBER, MANAGER OF STATIORIZED REPRESENTATIVE

Date

Daytime Phone #