

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 23, 2006 08:00 AM
Secretary of State

DOCUMENT # L00000002818 1. Entity Name CORKSCREW VILLAGE SELF STORAGE, L.L.C.	
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Principal Place of Business 8901 COMMONS WAY ESTERO, FL 33928 US	Mailing Address 10080 GINGER POINTE CT BONITA SPRINGS, FL 34135-4205 US
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DO NOT WRITE IN THIS SPACE



01062008 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 59-3636255	Applied For Not Applicable
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5. Certificate of Status Desired ☐	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent WALTS, JIM J 10080 GINGER POINTE COURT BONITA SPRINGS, FL 34135

DO NOT WRITE IN THIS SPACE

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

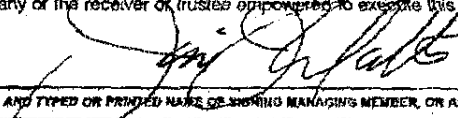
**Filing Fee is \$50.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WALTS, JIM J 10080 GINGER POINTE COURT BONITA SPRINGS, FL 34135
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U00000330622
01/31/06-80005-003 50.00

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 110, 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 605, Florida Statutes.

SIGNATURE:  **Jan. 6, 2006** **238-948-2327**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #