

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 15, 2006 8:00 am**  
**Secretary of State**

03-15-2006 90021 025 \*\*\*\*50.00

<b>DOCUMENT # L00000003852</b>					
<b>1. Entity Name</b> FIVE STAR STORAGE, LLC					
<b>Principal Place of Business</b> 365 HAMLET DRIVE DELRAY BEACH, FL 33445			<b>Mailing Address</b> 365 HAMLET DRIVE DELRAY BEACH, FL 33445		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc. 6820 Queenferry Circle		Suite, Apt. #, etc. 6820 Queenferry Circle		03012006    Chg-LLC    CR2E083 (11/05)	
City & State Boca Raton, FL		City & State Boca Raton, FL		<b>4. FEI Number</b> 65-1012813	
Zip 33496		Country USA		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  FRISINA, RICHARD 365 HAMLET DR DELRAY BEACH, FL 33445				<b>7. Name and Address of New Registered Agent</b> Name Frisina, Richard Street Address (P.O. Box Number is Not Acceptable) 6820 Queenferry Circle City Boca Raton <b>FL</b> Zip Code 33496	
<b>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.</b>  SIGNATURE:     DATE: 3/5/06 <small>Signature of registered agent or printed name of registered agent is acceptable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$50.00 Due by May 1, 2006</b>		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR FRISINA, RICHARD 365 HAMLET DRIVE DELRAY BEACH, FL 33445	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR Frisina, Richard 6820 Queenferry Circle Boca Raton, FL 33496
<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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<b>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.</b>  SIGNATURE:     DATE: 3/5/06    Daytime Phone #					