


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L00000011659 1. Entity Name FLAMINGO SELF STORAGE, LLC	
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Principal Place of Business 12002 MIRAMAR PARKWAY MIRAMAR, FL 33025	Mailing Address 12002 MIRAMAR PARKWAY MIRAMAR, FL 33025
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DO NOT WRITE IN THIS SPACE

FILED
06 APR 27 AM 10:34
TALLAHASSEE, FLORIDA



04242006No Chg-LLC CR2E083 (11/05)

4. FEI Number 65-1122280	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent HOWELL, DAVID M 12002 MIRAMAR PARKWAY FLAMINGO PARK OF COMMERCE MIRAMAR, FL 33025
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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

9. MANAGING MEMBERS/MANAGERS	
TITLE	MGRM
NAME	HOWELL, DAVID M
STREET ADDRESS	12002 MIRAMAR PARKWAY
CITY - ST - ZIP	MIRAMAR, FL 33025
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<i>[Signature]</i>
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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05/08/06--01014--016 **200.00

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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: *[Signature]* Date: 4/26/06 Daytime Phone #: 954-443-3060

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #