

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Feb 13, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # L00000015207**

1. Entity Name  
**BIG TREE SELF STORAGE, LLC**



Principal Place of Business  
**746 FLEET FINANCIAL CT., #100  
LONGWOOD, FL 32750**

Mailing Address  
**1682 E. GUDE DRIVE  
SUITE 201  
ROCKVILLE, MD 20850**



02102006 No Chg-LLC

CRZE083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-3466915**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**MORAN, F. ANDREW  
300 INTERNATIONAL PKWY., STE. 270  
HEATHROW, FL 32746**

**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 reinstating)

DATE

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

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
A1A SELF STORAGE, INC.  
1682 E. GUDE DRIVE #201  
ROCKVILLE, MD 20850**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
SELF STORAGE LLC  
1682 E. GUDE DRIVE #201  
ROCKVILLE, MD 20850**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**L000000432648  
02/23/06-80077-006 50.00**

**DO NOT WRITE  
IN THIS SPACE**

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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

**2/10/06**

Date

**301-762-1030**

Daytime Phone #