


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 02, 2007 08:00 AM
Secretary of State

DOCUMENT # L00000015615 1. Entry Name PIONEER TRAIL SELF STORAGE, LLC	
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Principal Place of Business 1375 PIONEER TRAIL NEW SMYRNA, FL 32168	Mailing Address P.O. BOX 536785 ORLANDO, FL 32853-6785
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01192007 No Chg-LLC CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3240581	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent BANKSTON, JAMES W 665 HAROLD AVENUE SUITE A WINTER PARK, FL 32789

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

**Filing Fee is \$50.00
Due by May 1, 2007**

U00000687507
04/10/07-80042-022 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM BANKSTON, CHESTER W 665 HAROLD AVENUE SUITE A WINTER PARK, FL 32789
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM BANKSTON, JAMES W 665 HAROLD AVENUE SUITE A WINTER PARK, FL 32789
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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: James W Bankston Date: 4-22-07 Daytime Phone #: 407 296 8785

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