

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 07, 2008 8:00 am
Secretary of State

04-07-2008 90234 026 ***138.75

DOCUMENT # L01000002285

1. Entity Name
STORSAFE SELF STORAGE LLC



Principal Place of Business
**444 BRICKELL AVENUE
 SUITE 900
 MIAMI, FL 33131**

Mailing Address
**444 BRICKELL AVENUE
 SUITE 900
 MIAMI, FL 33131**

2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State
 Zip Country



02152008 Chg-LLC CR2E083 (12/06)

4. FEI Number
65-1082180

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**LEGAGNEUR, NATHALIE
 444 BRICKELL AVENUE
 SUITE 900
 MIAMI, FL 33131**

7. Name and Address of New Registered Agent

**Jade M. Williams
 444 Brickell Avenue Suite 900
 Miami, FL 33131**

Zip Code

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, and accept the obligations of registered agent.

SIGNATURE *Allen C. Olazarra* DATE 02/21/08

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

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

Make check payable to Florida Department of State

9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DE OLAZARRA, ALLEN C 444 BRICKELL AVE., STE 900 MIAMI, FL 33131 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Allen C. Olazarra* (authorized rep) DATE 02/28/08 305.995.9998

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