


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 19, 2007 08:00 AM
Secretary of State

DOCUMENT # L01000014057 1. Entity Name PEMBROKE PINES SELF STORAGE, LLC	
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Principal Place of Business 10806 PINES BOULEVARD PEMBROKE PINES, FL 33025	Mailing Address 672 E HALLANDALE BEACH BLVD HALLANDALE, FL 33009
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DO NOT WRITE IN THIS SPACE



03082007No Chg-LLC

CR2E083 (11/05)

4. FEI Number 01-0710891	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

**LANSBURGH, ROBERT
672 E HALLANDALE BEACH BLVD
HALLANDALE, FL 33009**

**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**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM LANSBURGH, ROBERT 672 E HALLANDALE BEACH BLVD HALLANDALE, FL 33009
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM LANDA, MICHAEL 2999 NE 191ST. #906 AVENTURA, FL 33180
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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03/27/07-80110-017 50.00

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: _____ **3-9-7** **954 883 3721**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #