

**2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jan 23, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L01000017442</b> 1. Entity Name STOR-N-MORE SELF STORAGE, L.L.C.			
Principal Place of Business 1525 EASTBROOK DRIVE SARASOTA, FL 34231		Mailing Address 1525 EASTBROOK DRIVE SARASOTA, FL 34231	
<b>DO NOT WRITE IN THIS SPACE</b>			
		01132004 No Chg-LLC CR2E083 (10/03)	
		4. FEI Number 90-0018640	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  MAGLIO, JENNIFER G ESQUIRE BROWN, CLARK, CHRISTOPHER & DEMAY PA 1819 MAIN STREET, SUITE 1100 SARASOTA, FL 34230		<b>DO NOT WRITE IN THIS SPACE</b>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____			
<b>Filing Fee is \$50.00 Due by May 1, 2004</b>			
9. MANAGING MEMBERS/MANAGERS		<b>DO NOT WRITE IN THIS SPACE</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR INTERSTATE BUSINESS CENTERS, INC. 1525 EASTBROOK DRIVE SARASOTA, FL 34231		
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <u>Daryl J. Brown Pres.</u> 1/13/04 941-957-3800 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>		<small>Date Daytime Phone #</small>	

DARYL J. BROWN