## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L02000002638

1. Entity Name

A1A SELF STORAGE MANAGEMENT, LC



FILED Jan 28, 2008 08:00 Al Secretary of State

Principal Place of Business

1301 RIVERPLACE BLVD., STE. 1609 JACKSONVILLE, FL 32207

Mailing Address

1682 E. GUDE DRIVE SUITE 201 ROCKVILLE, MD 20850



DO NOT WRITE IN THIS SPACE

01092008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 86-1053106 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

PEEK, EUGENE G III 1301 RIVERPLACE BLVD., STE. 1609 JACKSONVILLE, FL 32207

## 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	l 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 remateting)

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79 700 00004-006 138 75

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

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGR
NAME	MORAN, F. ANDREW
STREET ADDRESS	300 INTERNATIONAL PKWY., STE. 270
CITY-ST-ZIP	HEATHROW, FL 32746
TITLE	MGR
NAME	MORAN, RICHARD P JR
STREET ADDRESS	1682 E GUDE DRIVE #201
CITY-ST-ZIP	ROCKVILLE, MD 20850
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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 eath; 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:

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

1/23/08

301-762-1030

Daytime Phone #