

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED

**Feb 12, 2007 08:00 AM
Secretary of State**

DOCUMENT # L02000002846

1. Entity Name
STORAWAY SELF STORAGE OF ORLANDO, LLC



Principal Place of Business
**12280 E. COLONIAL DR.
ORLANDO, FL 32826**

Mailing Address
**1223 N ROCK ROAD
BUILDING E, SUITE 200
WICHITA, KS 67206**



01262007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

80-0037192

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**CT. CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324**

**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 _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

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

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	STORAWAY SELF STORAGE OF ORLANDO MANAGER
STREET ADDRESS	1223 N. ROCK RD. BLDG E, STE 200
CITY-ST-ZIP	WICHITA, KS 67206

TITLE	
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02/21/07-80016-024 50.00

**DO NOT WRITE
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: Robert N. Baker Robert N. Baker CFO

1/30/07

366-634-
1112