


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90080 045 ****50.00

DOCUMENT # L02000006286 1. Entity Name PS OMNI, LLC	
--	---

Principal Place of Business 701 WESTERN AVENUE GLENDALE, CA 91021	Mailing Address 701 WESTERN AVENUE GLENDALE, CA 91021
---	---

2. Principal Place of Business 701 Western Avenue Suite, Apt. #, etc. Suite 200 City & State Glendale, CA Zip 91201	3. Mailing Address 701 Western Avenue Suite, Apt. #, etc. Suite 200 City & State Glendale, CA Zip 91201
--	--



04212006 Chg-LLC CR2E083 (11/05)

4. FEI Number 04-3692879	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

C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION, FL 33324

7. Name and Address of New Registered Agent

Name _____
 Street Address (P.O. Box Number is Not Acceptable) _____
 City **FL** 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State
---	--	--

9. MANAGING MEMBERS / MANAGERS

TITLE	MGRM	<input type="checkbox"/> Delete
NAME	PUBLIC STORAGE, INC.	
STREET ADDRESS	701 WESTERN AVENUE	
CITY - ST - ZIP	GLENDALE, CA 91021	

10. ADDITIONS/CHANGES

TITLE	MGRM	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Public Storage, LLC	
STREET ADDRESS	701 Western Avenue	
CITY - ST - ZIP	Glendale, CA 91201	

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: Drew Adams Drew Adams vPaf sole Managing Member 4/21/06 818-244-8080

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