

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

**DOCUMENT # L02000006678**

1. Entity Name

HOLLYWOOD SELF STORAGE VENTURE I, LLC



Principal Place of Business

1939 TYLER STREET  
HOLLYWOOD, FL 30020

Mailing Address

1939 TYLER STREET  
HOLLYWOOD, FL 30020

**DO NOT WRITE IN THIS SPACE**



02062007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number

04-3634976

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

MOODY, THOMAS W  
1939 TYLER STREET  
HOLLYWOOD, FL 33020

**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 MGR  
NAME MOODY, THOMAS W  
STREET ADDRESS 1939 TYLER STREET  
CITY-ST-ZIP HOLLYWOOD, FL 30020

TITLE MGR  
NAME SPEROS, JOHN  
STREET ADDRESS 3445 PEACHTREE ROAD, SUITE #850  
CITY-ST-ZIP ATLANTA, GA 30328

TITLE  
NAME  
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CITY-ST-ZIP

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U00000630814  
02/20/07-80022-017 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:**

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

Date

Daytime Phone #