2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L02000006678

1. Entity Name
HOLLYWOOD SELF STORAGE VENTURE I, LLC

Principal Place of Business	Mailing Address
1939 TYLER STREET HOLLYWOOD, FL 30020	1939 TYLER STREET HOLLYWOOD, FL 30020

DO NOT WRITE IN THIS SPACE

04092008 No Chg-LLC   CR2E083 (12/07)

4. FEI Number	Applied For
04-3634976	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

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

U00000895454
04/24/08-80069-014 138.75

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 #650
CITY-ST-ZIP	ATLANTA, GA 30326

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 of the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: _____ Thomas W Moody, Mgr 4/9/08 (954) 922-8300

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