

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 27, 2006 8:00 am
Secretary of State

04-27-2006 90023 025 ****50.00

DOCUMENT # L02000007437

1. Entity Name
USA STOR-A-WAY HERNDON GP, LLC



Principal Place of Business
4051 WEST STATE ROAD 46
SANFORD, FL 32771

Mailing Address
4051 WEST STATE ROAD 46
SANFORD, FL 32771

DO NOT WRITE IN THIS SPACE



01312006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00** Additional
Fee Required

6. Name and Address of Current Registered Agent

CARDAMONE, GARY V
4051 WEST STATE ROAD 46
SANFORD, FL 32771

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**Filing Fee is \$50.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	CARDAMONE, GARY V
STREET ADDRESS	4051 WEST SR 46
CITY - ST - ZIP	407 STILL FOREST TERRACE SANFORD, FL 32771 SANFORD, FL 32771

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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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

GARY V. CARDAMONE

1-31-06

Date

407-302-4017

Daytime Phone #