

**2003 LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 12, 2003 8:00 am**  
**Secretary of State**

04-23-2003 90228 009 \*\*\*150.00

**DOCUMENT # L02000007437**



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

Principal Place of Business      Mailing Address  
**4051 WEST STATE ROAD 46      4051 WEST STATE ROAD 46**  
**SANFORD FL 32771                      SANFORD FL 32771**

**44001476**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business		3. Mailing Address		4. FEI Number		Applied For <input checked="" type="checkbox"/> Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$5.00</b> Additional Fee Required	
City & State		City & State					
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
<b>WRIGHT, MICHAEL E</b>				Name			
<b>301 E. PINE STREET, SUITE 1400</b>				Street Address (P.O. Box Number is Not Acceptable)			
<b>ORLANDO FL 32801</b>				City			
				<b>FL</b> 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2003**

9. MANAGING MEMBERS / MANAGERS				10. ADDITIONS / CHANGES			
TITLE	MANAGER <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GARY V. CARDAMONE	NAME		NAME		NAME	
STREET ADDRESS	467 STILL FOREST TERRACE	STREET ADDRESS		STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP	SANFORD, FL. 32771	CITY-ST-ZIP		CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME		NAME		NAME	
STREET ADDRESS		STREET ADDRESS		STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP		CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME		NAME		NAME	
STREET ADDRESS		STREET ADDRESS		STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP		CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME		NAME		NAME	
STREET ADDRESS		STREET ADDRESS		STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP		CITY-ST-ZIP		CITY-ST-ZIP	

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 REQUIRED** GARY V. CARDAMONE 1-24-2003 407-302-4077

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

CR2E083 (10/02)



Attachment 44001476  
#LO2000007437  
Paving The Way To Better Storage Solutions<sup>sm</sup>

Richard E. Cardamone

Friday, May 09, 2003

To whom it may concern,

Please find the corrected 2003 Limited Liability Company Uniformed Business Report for USA Stor-A-Way Herndon, GP, LLC.

Upon receiving this form back for corrective action, we called your office to understand the issue. We were asked to remove the SS# that's been used for this entity on many other documents and replace it with nothing while checking "Not Applicable". The instructions were provide by your office staff and followed by us in order to get this document processed immediately.

If you have any questions, comments and/or concerns regarding this submission, please contact me directly at 407-302-4077.

Sincerely,

A handwritten signature in cursive script that reads "Richard E. Cardamone".

Richard E. Cardamone  
Chief Operations Officer  
USA Stor-A-Way, Inc.

CC: Robert Porche Jr.