

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L02000009721

1. Entity Name
CONTROLLED SELF STORAGE, L.L.C.



Principal Place of Business
110 LOGAN LANE, SUITE 1
SANTA ROSA BEACH, FL 32549

Mailing Address
110 LOGAN LANE, SUITE 1
SANTA ROSA BEACH, FL 32549

FILED
Feb 21, 2005 08:00 AM
Secretary of State



02102005No Chg-LLC

CR2E083 (10/03)

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4. FEI Number
55-0789359

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

KRAEMER, MARY K
C/O MATTHEWS & HAWKINS, P.A.
35 CLAYTON LANE
SANTA ROSA BEACH, FL 32459

**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, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
BREAUX, J. MARK
110 LOGAN LANE, SUITE 1
SANTA ROSA BEACH, FL 32549

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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CITY-ST-ZIP

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02/22/05-80020-003 50.00

**DO NOT WRITE
IN THIS SPACE**

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

2/17/05

Date

Daytime Phone #