## 2006 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

**Secretary of State DOCUMENT #L02000009721** 02-20-2006 90139 047 \*\*\*\*50.00 CONTROLLED SELF STORAGE, L.L.C. Principal Place of Business Mailing Address 20008904 110 LOGAN LANE, SUITE 1 110 LOGAN LANE, SUITE 1 SANTA ROSA BEACH, FL 32549 SANTA ROSA BEACH, FL 32549 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02062006 CR2E083 (11/05) 4. FEI Number Applied For City & State City & State 55-0789359 Not Applicable Country Zip \$5.00 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent KRAEMER, MARY K Street Address (P.O. Box Number is Not Acceptable) C/O MATTHEWS & HAWKINS, P.A. 35 CLAYTON LANE SANTA ROSA BEACH, FL 32459 City 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 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, 2006 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10. 9. MGR TITLE ☐ Change ☐ Addition TITLE ☐ Delete NAME BREAUX, J. MARK NAME STREET ADORESS STREET ADDRESS 110 LOGAN LANE, SUITE 1 SANTA ROSA BEACH, FL 32549 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP TITI E ☐ Change ☐ Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition TITLE ☐ Delete TITLE

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.

NAME

STREET ADDRESS CITY-ST-ZIP

SIGNATURE

NAME

STREET ADDRESS

TED NAME OF SIGNING MANAGING MEMBER MANAGER OR AUTHORIZED REPRESENTATIVE

FILED Feb 20, 2006 8:00 am